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AUTHOR Champagne, Duane; Goldberg-Ambrose, Carole; Machamer, Amber; Phillips, Bethany; Evans, Tessa

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ABSTRACT

A study explored the human services delivery system for American Indian children in Los Angeles County (California). Telephone interviews were conducted with 29 Indian organizations, 19 members of the American Indian community, and 14 government agencies that provide services for children. Topics discussed included Indian child welfare, education, substance abuse, child health care, child care centers, stereotypes and discrimination, and adult issues that directly affect children, such as legal services, employment issues, and elderly needs. The study concluded that the current arrangement of county and Indian organizations does not adequately serve the needs of the Los Angeles Indian community. Child care, education, and health care are especially critical needs among Indian children in the county. Educational issues that were mentioned frequently included lack of funding and staff for tutoring and student support services, culturally insensitive teachers and curriculum materials, low parent participation, and need for cultural education. Indians prefer receiving services at Indian organizations because of a lack of cultural sensitivity and understanding exhibited by nonIndian organizations. But Indian organizations are few, understaffed, overworked, and underfunded, and they must compete for funds with other Indian organizations and county agencies within an environment of declining federal, state, and county services. Twelve solutions are suggested, which can be implemented through a centralized, multiservice, culturally based delivery system, either through a central location with satellite offices, or a networking together of existing organizations. An alternative or enhanced education program for Indian children is needed to curb high dropout rates. (Contains 116 footnotes.) (TD)

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Service Delivery for Native American Children in Los Angeles County, 1996

By
Duane Champagne, Ph.D., Carole Goldberg-Ambrose, J.D., Amber Machamer, Bethany Phillips, and Tessa Evans, MSW

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The 1992 Los Angeles riots developed a deep concern for the future and welfare of children of color within the Los Angeles community. The riots underscored the absence of sustained interest and attention by county agencies and mainstream institutions for children of color. Most existing governmental and quasi-governmental planning and development agencies had little direct contact or sustained attention within minority neighborhoods and communities. Consequently, much effort and resources were directed away from the needs and interests of minority children. Many in the minority community believed that mainstream agencies needed to direct greater attention and deliver better resources and services to minority children. Seldom do major county agencies make significant investments in community building and training, provide technical assistance and access to minority communities for active participation and development of initiatives that will protect and develop the life chances, choices, and aspirations of children of color.

The present project is part of an initiative to study the institutional and community relations of African American, Latino and American Indian children to the service agencies, organizations, and resources available in Los Angeles County. Our task was to explore the service delivery system for American Indian children in Los Angeles County. The study of urban Indian children's conditions consists of collection of secondary data, review of published material and a survey of children services among county agencies, Indian organizations, and with community people. We wanted to know how county and community organizations served Indian children and what services were provided. We inquired about what kinds of programs succeeded, and what improvements could be made over the present form of service delivery. The survey was open-ended and directed to major agencies and the Indian organizations and community members who were actively engaged in service delivery for American Indian children or engaged in Indian childrens' issues. The group of agencies, organizations and people involved in American Indian children's service delivery proved relatively small, with few agencies and advocates. Our search through the literature found very few works on the conditions and service situation of urban Indian children.

The results of the research bear out that American Indian children are not well served by county agencies. Indian children tend to be invisible in the county children's service delivery system, and the county system does not serve the special cultural, community and economic needs of Indian children. There is little direct interaction with county agencies and Indian service delivery organizations and the Indian community. Our findings suggest that urban Indian children are difficult to identify, and there are few programs or services available to fill current needs. County agencies often refer questions of Indian services onto Indian organizations and commissions which often are already overburdened and underfunded. County agencies, while well meaning, have little knowledge or understanding of the diversity or character of the Indian population.

Indian service organizations are underfunded, understaffed and have too many clients. Community advocates for Indian children believe that major reorganization of county agencies and Indian service organizations is necessary in order to effectively serve the needs and aspirations of Indian children. Many Indian community members favor more grassroots approaches that emphasize holistic or multidimensional solutions to education and economic problems, substance abuse, cultural alienation, community, spiritual and other issues that are confronting Native American families, youth and children. The present-day bureaucratic emphasis of county agencies does not provide a favorable forum for effective or long-term solutions to the issues confronting the Indian families and children of Los Angeles County. Service delivery for the American Indian community requires sensitivity and respect for the community, culture and needs of American Indian children. Most Indian advocates prefer that their children are serviced within an Indian community context and with spiritual and community guidance.

Most Indian families prefer to seek services with Indian organizations, since the Indian client servers are more culturally sensitive to their needs and aware of their life situations. Indian families also prefer Indian organizations because they are places for community gatherings, staging of powwows, places where more accurate knowledge about Indians and the Indian community can be obtained. Indian organizations, however, are underfunded, understaffed, have too many clients to serve, have few or only fragmentary relations with other Indian organizations and county agencies. While service providers are often very committed and intelligent people, the organization and culture of LA County services tends to inhibit effective delivery to needy Indian children. Most service programs and agencies focus on the delivery of crisis services. Indian community members saw education programs as the path out of poverty and dependency. Our findings suggest that greater cultural sensitivity training, special attention to the education of Indian children, more centralization of service delivery, more funding, more personnel, and greater holistic emphasis on long-term culturally and community-based solutions are needed. Thus the Indian advocates suggest that more Indian people must be trained and strategically stationed in county agencies to improve the delivery of services to Indian children within the county delivery system. As many services as practical, however, should be delivered through Indian organizations where community and cultural relations can support service efforts with knowledge, understanding, and participation in Indian community and culture. Some centralized organization or coalition of Indian-managed service, cultural and community organization is seen as necessary for effective delivery services to Indian children. We recommend the formation of a centralized multi-service and community-cultural center with appropriate satellite offices as a major step in the direction of providing adequate services to the needy urban Indian children of LA County. An alternative or enhanced education program for Indian children is suggested to curb high rates of dropout and noncompletion of high school and college.

The Urban Indian Experience

There appears to be relatively little research and information about the conditions of American Indians in urban environments. There are a few reports dating from the 1970s, based on hearings, which outline concerns about Indian urban life. It is generally understood that most Indians migrated to urban areas by means of the Relocation Program started in the 1950s as part of the government program to terminate Indian reservations and move Indian labor from rural areas to where the jobs were in urban areas.[1] There was a wave of urban Indian migrants during the 1920s and again in the post-World War II period. In 1920 there were already 27,000 urban Indians or about 8.1% of the Indian population.[2] Between 1952 and 1970 about 100,000 Indians were relocated to urban areas by the Bureau of Indian Affairs (BIA). By the middle 1970s, as many as 160,000 Indian relocatees and dependents may have participated in BIA assistance for migration to urban areas.[3] In 1970, however, there were over 300,000 Indians in urban areas, and BIA relocatees had a 50% return rate in the 1952 to 1968 period.[4] The BIA Relocation Program contributed to urban migration but was not the only important factor.[5] The push of poverty on the reservation and the pull of opportunity in the urban areas attracted a considerable number of Native Americans.

Urban Indians appear to have higher incomes and lower poverty rates than reservation or rural Indians. In 1969, the urban Indian poverty rate for families was 20%, while the reservation family poverty rate was twice as high at 40%. In the 1970 census, 38% of urban Indian individuals were living below the poverty line, while 54% of reservation Indians were classified in poverty.[6] Nevertheless, the urban experience does involve tradeoffs and costs to migrants. Land, housing and the cost of living are often cheap on reservations, and access to federal, BIA, and Indian Health Service (IHS) programs provides further support. Furthermore, family networks and exchanges provide a safety net for many reservation residents. While jobs and economic opportunity are often in short supply on many reservations, the transition to the urban environment is usually fraught with new problems and issues. The cost of living, the loss of friends and family networks, and the loss of access to BIA and IHS

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[1] For an analysis of U.S.-Indian policy during the termination and relocation period see Donald Fixico, Termination and Relocation: Federal Indian Policy, 1945-1960 (Albuquerque, NM: University of New Mexico Press, 1986), pp. 134-182.

[2] Stephen Cornell, The Return of the Native, (New York: Cambridge University Press, 1988), p. 132; Ned Blackhawk, "I Can Carry on From Here: The Relocation of American Indians to Los Angeles," Wicazo Sa Review (Fall 1995): 18, 26.

[3] Report on Urban and Rural Non-Reservation Indians: Final Report to the American Indian Policy Review Commission (Washington: U. S. Government Printing Office, 1976), p. 23.

[4] James Gundlach and Alden Roberts, "Native American Indian Migration and Relocation: Success or Failure." Pacific Sociological Review 21:1: (1978):119; American Indian Policy Review Commission (AIPRC), Task Force on Urban and Rural Non-Reservation Indians of the American Indian Policy Review Commission, Washington DC: US Government Printing Office, 1976, p. 57.

[5] Arthur Margon, "Indians and Immigrants: A Comparison of Groups New to the City," The Journal of Ethnic Studies 4:4(1977):19.

[6] Gundlach, "Native American Indian Migration," pp. 118.

services often reduce new Indian migrants to less secure circumstances. Services are harder to get in urban areas and Indians are reluctant to use them. Many Indians work in the city, but return to the reservation for services such as serious medical problems.[7] Indian migrants with fewer job skills will have greater difficulty compensating or equaling the quality of life on the reservation. Most Indian migrants are unskilled and often return to the reservation. Research indicates that migrants who were supported by BIA relocation funds did only slightly better economically than rural reservation Indians who stayed home. Those Indians who migrated to an urban area without financial assistance from the BIA often did worse economically than those who remained on their reservation.[8] Increasingly, however, there is a larger Indian middle class in urban areas who have become economically stable, but are relatively invisible. In 1968, about 10% of the Chicago Indian community was in the middle class, but about 70% were day laborers.[9]

By 1980, 719,000 Indians lived in urban areas, about 52.7% of the total Indian population.[10] In 1979 the median income for Native American living on the reservation was $9,920 and about 45% of the reservation population lived below the poverty line.[11] The 1980s saw the dismemberment of many anti-poverty programs and throughout the nation, many urban Indians community and multi-service centers were dismantled. Three urban centers were closed in Los Angeles alone.[12] Many urban centers depended on Administration for Native American (ANA) or job programs. When funding declined for these major programs, many urban Indian centers across the country closed or had to down size. This trend toward less direct funding available to urban Indians continues in the middle 1990s. Socio-economic conditions for many urban Indians continued to decline or remain poor. Health conditions of urban Indians are worse than for reservation Indians in several categories. In 1985, when compared to reservation Indians, urban Indians rates of alcoholism, tuberculosis, diabetes mellitus, unintentional injuries, and homicide were significantly higher, when controlling for age-adjusted mortality rates.[13] Over 40% of urban Indians suffer from moderate to high cholesterol and 39% of urban Indian men had blood pressure in the moderate to high range.[14]

Urban American Indian children graduated at lower rates from high school, in part

[7] David Murray, "Modern Indians: Native Americans In the Twentieth Century," British Association for American Studies Pamphlets in American Studies 8, pp 22.

[8] Gundlach, "Native American Indian Migration," pp. 120, 123, 126.

[9] Janusz Mucha, "American Indian Success in the Urban Setting," Urban Anthropology 13:4(1984):349.

[10] Cornell, The Return of the Native, p. 132; Blackhawk, "I Can Carry on From Here," pp. 18, 26.

[11] U.S. Department of Health and Human Services, 1988; U. S. Department of Commerce, Bureau of the Census; Michael Moncher, Gary Holden, and Joseph Trimble "Substance Abuse Among Native American Youth," Journal of Consulting and Clinical Psychology 58:4(1990):408.

[12] Joan Weibel-Orlando, Indian Country, LA: Maintaining Ethnic Community in Complex Society (Urbana: University of Illinois Press, 1991), pp. 248-301.

[13] Los Angeles American Indian Commission, "Urban Community Development: Policy Position Paper," June, 1994.

[14] Ibid.

because Indian children had different values from those found in most American schools. More training and sensitization of school staff were encouraged.[15] Overall nearly 75 % of Indian college students did not graduate from college, although about 30% succeeded very well in primary and high school.[16]

During the 1980s, suicide rates among Indian children of school age were three times higher than suicide rates among non-Indian youth.[17] In 1985, 50% of urban Indian youth and 80% of reservation Indian youth were at least moderately involved with alcohol, while in comparison only 23% of urban non-Indian youth moderately used alcohol. Indian populations suffered from use of marijuana, inhalants and other illicit drugs.[18] Substance abuse contributed to educational setbacks for Indian youth, were associated with criminal acts for adults and contributed to economic marginalization.[19] Indians were arrested while under the influence of drugs or alcohol at rates four times higher than blacks and ten times higher than whites.[20] Between 1975 and 1987, the prevalence of substance abuse among American Indian school age children increased. A 1986-87 sample of Native American high school seniors reported that over the previous month 58.5% used alcohol, 35.5% used marijuana, 1.8% used inhalants, 3.7% used cocaine, 9.1% used stimulants, 38.3% used cigarettes, and 31.4% used smokeless tobacco.[21] Indian children are exposed to various substances early in their lives. In one sample, by the 7th grade 28% of the sampled Indian children had been drunk at least once, 44% had smoked marijuana, 22% tried inhalants, 12 % tried stimulants, and 72% had smoked cigarettes.[22] In one sample, Indian children as early as the 4th and 5th grades with an average age of 10 indicated over their lifetimes that 33.5% experienced cigarettes, 36.6% tried smokeless tobacco,

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[15] Lee Little Soldier. "To Soar with the Eagles: Enculturation and Acculturation of Indian Children," Childhood Education January/February 1985:185-86.

[16] Abdollah Farrokhi, "Rapid City Native American Population Needs Assessment," American Indian Culture and Research Journal 17:2(1993):159.

[17] T. D. LaFromboise, "American Indian Mental Health Policy, American Psychologist 43(1988):388-397; Michael Moncher, Gary Holden, and Joseph Trimble "Substance Abuse Among Native American Youth," Journal of Consulting and Clinical Psychology 58:4(1990):408.

[18] M. N. Query, "Comparative Admission and Follow-up Study of American Indians and Whites in the Youth Chemical Dependency Unity on the North Central Plains," International Journal of the Addictions 20(1985):489-502; Y. Redhorse, "A Cultural Network Model: Perspectives for Adolescent Services and Para-Professional Training." Pp 175-90 in S. M. Manson (ED.), New Directions in Prevention Among American Indian and Alaska Native Communities (Portland: Oregon Health Sciences University).

[19] LaFromboise, "American Indian Mental Health Policy." p. 388; M. Beiser, "Flower of the Two Soils: Emotional Health and Academic Performance of Native American Indian Children," Journal of Preventive Psychiatry 2(1984):365-69; J. E. Trimble, "Drug Abuse Prevention Research Needs Among American Indians and Alaska Natives," White Cloud Journal 3(1984):22-24; Moncher et al, "Substance Abuse,"p. 408.

[20] LaFromboise, "American Indian Mental Health Policy." p. 388; Moncher et al, "Substance Abuse,"p. 408.

[21] L. D. Johnston, J. G. Bachman and P. M. O'Malley, Summary of 1987 Drug Study Results, University of Michigan News and Information Service Press Release; Moncher et al, "Substance Abuse,"p. 409.

[22] F. B. Beauvais, Oetting, E. R., W. Wolf, and R. Edwards, "American Indian Youth and Drugs, 1976-87: A Continuing Problem," American Journal of Public Health 79(1989): 635; Moncher et al, "Substance Abuse,"p. 409.

43.6% tried alcohol, 6.6 % tried inhalants, 10.2 tried marijuana and 2.6% tried cocaine or crack. Researchers report that in the same sample of young people with average age of 10 in the week before the research survey that 11.6% used cigarettes, 25.5 % chewed smokeless tobacco, 6.8 % drank alcohol, 3.5 % sniffed inhalants, 3.8% smoked marijuana, and 1.6 % used cocaine or crack.[23] American Indian children use drugs and alcohol at earlier ages, engage in heavier use, and suffer dramatic economic, health and educational effects more than other major ethnic groups.[24]

Health data on the urban Indian population is scanty. Research on various samples of Indian urban populations suggests that urban Indian health clientele have annual incomes far below the national average and below the average for all urban Indians. Many Urban Indian health clinic clientele did not carry health insurance and had low levels of education. They used primary care facilities less often than the non-Indian population, but about as much as Indians in rural Oklahoma and Kansas. Many urban Indians have difficulty obtaining primary health care because they can not afford to pay, and do not have health insurance, and because Indian Health Service facilities are often not available in many urban areas. Urban Indians suffered from high levels of diabetes mellitus and hypertension among middle-aged groups, while young women were in need of prenatal care and contraception.[25] Other reports also suggest that many urban Indians have low incomes and about half did not have health insurance. Indian women were less likely to obtain prenatal care than black or white women, and suffered more unwanted pregnancies than white women, but fewer than black women. Economic, social and behavioral risk factors combine to put urban American Indian women at high risk for complications while pregnant and during the delivery of children.[26] Despite considerable improvement over the past three decades, infant mortality among American Indians remains higher than the non-Indian population.[27]

Indian children may be underserved in the mental health area. Although in the early 1980s, 45% of the Indian population was under 15, less than 15% of the mental health contacts with the IHS were with children.[28]

About two-thirds (66%) of self-identified Indians in the 1990 census were living in urban areas. California is the second largest state in Indian population, with 242,000,

[23] Moncher et al, "Substance Abuse,"p. 409.

[24] Moncher et al, "Substance Abuse,"p. 408.

[25] Timothy Taylor, "Health Problems and Use of Services at Two Urban American Indian Clinics," Public Health Reports 103:1(1988):88.

[26] Jonathan Sugurman, George Brenneman, William LaRoque, Charles Warren and Howard Goldberg, "The Urban American Indian Oversample in the 1988 National Maternal and Infant Health Survey," Public Health Reports 109:2(1994):243.

[27] E. R. Rhoades, A. J. D'Angelo, and W. B. Hurlburst, The Indian Health Service Record of Achievement Public Health Report 102 (1987): 356-360; R. A. Hahn, J. Mulinare and S. M. Teutsch, "Inconsistencies in Code of Race and Ethnicity Between Birth and Death in U.S. Infants: A New Look at Infant Mortality, 1983-1985," Journal of the American Medical Association 267(1992):259-263.

[28] Morton Beiser, "Mental Health of American Indian and Alaska Native Children: Some Epidemiological Perspectives," White Cloud Journal 2:2(1981):37.

a 19% increase over the 1980 census. Nevertheless, leaders in the urban Indian community argue that the 1990 census represents a serious undercount of at least 10-15%, which impairs the urban Indian community from competing with other ethnic groups for community block grants or other funding. The majority of Indians in California have their tribal origins in some other state of the union. More than 100 tribes are represented in Los Angeles alone.[29]

Many urban Indian communities are unable to participate in federal, state, county or local programs because the Indian population is such a small percentage. In the top 50 major metropolitan areas, American Indians represent about .5% of the population. Thus Indians are not usually well known or predominant in any urban contexts. For example, since Indians are such a small urban population, large urban school districts refuse to allow Indian magnet schools.[30]

Although most Indians currently reside in urban areas, only about 5% of Indian Health Service funds support the urban Indian population.[31] The proportion of support of BIA funds for urban Indians is probably smaller than the IHS budget. Over the 1983-1993 period, federal support for urban Indian programs declined 50% despite the increase in urban Indian population. In 1990, about 1.3 million Indians lived in urban areas and many do not benefit from government programs that serve Indians living on or near a reservation.[32]

The IHS, an agency of the U.S. Public Health Service, has responsibility for supplying health care to members of federally recognized tribes. In 1990 the IHS had 127 service centers on or near reservations. Unfortunately, IHS service assignments were made in 1955 when more Indians were living on reservations. There are only 28 urban clinics run by the IHS providing medical services to urban Indians. The services offered are not comprehensive and vary widely. If the services do not exist at a close-by urban clinic the only option is an IHS reservation health unit which may be hundreds of miles away."[33] Most urban Indians are not provided convenient medical services from the IHS. In some cities, the IHS provides primary care through contracting (P. L. 93-638) with local health care agencies. While some of the contracting health care agencies are Indian owned and operated, historically, urban Indians have been reluctant to attend non-Indian health facilities, in part because of previous bad experiences and discrimination.[34]

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[29] "American Indians: Urban Indians, Los Angeles County, and Rural and Reservation Indians," Los Angeles County Department of Mental Health.

[30] National American Indian Council, 'National/Urban/Off Reservation Demographics."

[31] Los Angeles American Indian Commission, "Urban Community Development: Policy Position Paper," June, 1994.

[32] Urban Indian Coalition for Economic Opportunity (UICEO), "Urban Indian Concept Paper for the Clinton Administration," January 1993.

[33] The Network for Cancer Control Research Among American Indian and Alaska Native Populations, "A National Strategic Plan for Cancer Prevention and Control to Benefit the Overall Health of American Indians and Alaska Natives," October, 1992. Appendix D, p.8.

[34] The Network for Cancer Control Research, "A National Strategic Plan". Appendix D, p.8.

Health concerns remain high among urban Indians. Ten percent of urban Indians report having diabetes and 40% have high cholesterol and blood pressure. Urban Indians have age-adjusted mortality rates for alcoholism, diabetes mellitus, unintentional injuries, and homicide that are considerably higher than those for reservation Indians. The number of urban Indian mental patients increased 200% from 1988-1990.[35] HIV related care is very limited, as well as other special medical treatments which are not easily provided by the IHS.[36]

The Urban Indian Community in LA County

According to the 1990 census, Los Angeles had the largest urban Indian population in the nation with 43,899 people, a 7.1% decrease of 3,335 from the 1980 census count for LA Indians. Some members of the Indian community dispute the census figures and recommend that a more accurate number may be 10 to 19% higher than the official census count. There were over 100 tribes represented in Los Angeles according to the 1990 census, including Navajo, Hopi, Cherokee, Chippewa, Apache, various California Indians, many Oklahoma Indians from many tribes, as well as others. Consequently, the contemporary American Indian community is very culturally diverse. Most of the Indian residents of Los Angeles County were from non-California tribes. Nevertheless, the original Indians of the Los Angeles basin continue to live in Los Angeles. The Gabrielino/Tongva and the Fernandeño live in scattered small communities within Los Angeles County. Most Indian immigrants to Los Angeles appear to have come over the past 50 years. During World War II, many Indians served in the armed forces and many others migrated to Los Angeles to work in national defense plants. At least 30,000 American Indians were resettled in Los Angeles during the BIA's Relocation Program.[37] During the 1960s and 1970s, the Los Angeles Indian population grew steadily.

On many socio-economic indicators, such as homeownership, education, income, poverty rates, employment and others, the Los Angeles American Indian population lags behind county averages. A survey of 380 Indian community members by Eagle Lodge found that poverty issues were of greatest concern, while drug and alcohol abuse were relatively secondary considerations. Money (282 respondents), jobs (231), housing (142), physical health (123), transportation (121), food (108) and adult drinking (106) were the 7 most frequently mentioned concerns and were mentioned by at least 100 respondents.[38] A complex of poverty-related issues seemed to concern Eagle Lodge clients most.

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[35] "Urban American Indian Policy Position Paper," Los Angeles Native American Indian Commission, June 1994.

[36] The Network for Cancer Control Research, "A National Strategic Plan". Appendix D, p.8.

[37] Blackhawk, "I Can Carry on From Here," p. 17.

[38] Peggy Sarracino Barnett, Regina Toledo, Karina Walters, Debra Lee, and Lael White, "Let Our Voices Be Heard," Los Angeles: American Indian Clinic, Inc., March 31, 1994; See illustration entitled "Concerns of the Native American Indians".

According to the 1990 census figures, 31% of American Indian preschoolers lived in poverty, while in general 22% of county preschool children lived in poverty. For children between ages 5 and 17, American Indian poverty rates of 21-23% compared only slightly worse than LA County poverty rates of 21-23% for children in the same age group. Very young Indian children from the ages of 0-4 are suffering high rates of poverty in Los Angeles County.[39] The average poverty threshold for a family of four in 1989 was $12,674. Nationally American Indian children lived in poverty at the high rate of 37.6%. For urban Indian children living in metropolitan areas greater than 500,000 people, the poverty rate was 31.6%.[40] LA Indian children were better off than Indian children in general, although urban Indian families are confronted with higher costs of living and fewer federal services than are available to reservation Indians.

The very young Indian children in poverty may be due to a higher than average rate of children in single parent households. 48.6% of American Indian children are not living with both parents, while the county-wide figure is 35%. Indian families with female heads of households accounted for 19% of Indian families, while female head of household families accounted for 12% of the county families.[41] American Indians have fewer families with married parents, at 41%, while the county average was 49%. In a sample of census data comparing LA Indians to Indians in the top 50 metropolitan areas, 36.6% of LA Indian children lived in single parent households while 45.5% of other urban Indian children lived in families without two parents.[42] The relative frequency of female and single family households, combined with generally less income, may be contributing to the prevalence of poverty among young American Indian children. More LA Indian children are living in single parent families than the average in LA County, but fewer LA Indian children live in single parent households than other urban Indian children from major metropolitan areas.

Overall the Indian poverty rate for individuals was 17.1% while the county poverty rate was 15.1%. By 1992, because of the recent economic recession, the county poverty rate grew to 17.2%.[43] Although there are no comparable 1992 poverty figures of the LA American Indian community, it is likely that the poverty rate for Indians in LA County also grew to a figure higher than 17.2%. The poverty rate for rural California Indians was 34.1% and the national American Indian poverty rate was 30.9 %, and so LA Indians are doing better, when not counting urban cost of living and access to federal services.

The average household income in the LA Indian community in 1989 was $37,071, while the county average household income was $47,252. Among American Indian

[39] Calculated from data contained in the State Census Data Center, Census of Population and Housing, Summary Tape File 3, Los Angeles County, 1990, Sacramento, California. Cited in, Julie Solis, "American Indian Feasibility Study: Final Report" United Way of Greater Los Angeles, July 12, 1993.

[40] 1990 Census Data Sample.

[41] Solis, "American Indian Feasibility Study: Final Report," p. 4.

[42] 1990 Census Data Sample.

[43] Greater United Way of Los Angeles, "Los Angeles 1994: State of the County Report," 1994.p. 11.

households, 41% earn less than $25,000, while 35% of county households earn less than $25,000.[44] In comparison with Indians in other major metropolitan areas, LA Indians have a significantly higher mean household income ($41,800) than other urban Indians ($34,599).[45] In general LA Indians were doing worse than the county income averages, and worse than whites, blacks, and Asians, but somewhat better than Hispanics.[46] LA Indians, however, are doing better in household income than other urban Indians, although the cost of living in LA may be higher than in many of the other cities.

Thirty-seven percent (37%) of American Indians in LA County owned their homes, while the rate of homeownership within the county was 48%. Consequently, 63% of the American Indian population were renting, while 52% of county residents rented their living quarters. About three quarters of American Indians rented apartments at $500 or above. American Indians rent more often and own their own homes less often than the general population in LA County.[47] In household characteristics, LA Indians had more phones, 92.8 % to 81.8%, more complete kitchens, 97.1% to 94.3%, and more complete plumbing, 98.2% to 86.0% than Indians from other major metropolitan areas. Nevertheless, more LA Indian households did not have a car, 14% to 9.6 %, than other urban Indians.[48] LA Indians have better housing conditions than other major metropolitan Indians, but have fewer cars. The lack of a car in Los Angeles is a major obstacle to any household and reflects the often-repeated need for transportation within the LA Indian community.

The unemployment rate for Indians 16 or over was 10.2% in the 1990 census, while the county-wide unemployment rate was 7.4, and the unemployment rate for whites was 4.8% Since the recession starting in 1989-90, the unemployment rate in Los Angeles County has risen dramatically. It was 9.7% in 1993, and is closer to 7.5% in recent months. There are no comparable unemployment rates of LA Indians over the past 6 years, but most likely the LA Indian unemployment rate rose significantly higher than the 10.2% gathered by the census in 1989.

The mean non-farm self-employment income for LA Indians was $16,847, which is below all other ethnic groups in Los Angeles County. Whites had $31,727 in average non-farm self employment income, while blacks had $20,331, Asians $28,860 and Hispanics $18,013.[49] Although there are many small "mom and pop" type businesses owned and operated by American Indians in Los Angeles, Indians are far behind other ethnic groups and the county average in generating business income. In recent years, more interest has been generated by Indian business people, as evidenced by the organization of a Los Angeles American Indian Chamber of Commerce, and long-time efforts of The National Center for American Indian Enterprise Development.

[44] Solis, "American Indian Feasibility Study: Final Report," p. 3, 10.

[45] 1990 Census Sample.

[46] 1990 Census, Socio-Economic Characteristics, California, Tables 157, 158.

[47] Solis, "American Indian Feasibility Study: Final Report," p. 3.

[48] 1990 Census Sample.

[49] 1990 Census, Socio-Economic Characteristics, California, Table 154.

Nevertheless, American Indians are less engaged in capitalist enterprise than other groups, and more information should be given to young people about how business ownership and a career can be made compatible with Indian values and lifestyle.

The LA American Indian community reports relatively lower educational achievement than any other major ethnic groups in Los Angeles County, except Hispanics. For persons 16-19, 21.2 % of American Indian youth were not enrolled in school and were not high school graduates. Only 5.2% of Asians, 7.5% of whites, and 12.9% of blacks were not enrolled in school and had not completed high school. Only Hispanics had a higher rate, at 26.7%, of not completing high school.[50] American Indian high school retention rates may be worsening.[51] In a comparison of urban Indian communities, LA Indian youths ages 16-19 who were not enrolled in school and not high school graduates averaged 25.6%, while non-LA urban Indian youth averaged 11.5%.[52] LA Indian children are dropping out of school at over twice the rate of Indian children in other urban areas. American Indians in LA County also drop out of college (26%) at higher rates than the county average (20%). LA Indians, however, complete college at higher rates than other urban Indians. For ages 18-24, 5.6% of LA Indians have a bachelor's degree, while 2.7% of other urban Indians finished college. In the 25 years and older group, 9.3% of LA Indians have a college degree, while 7.9% of other urban Indians had a degree.[53] Education is one of the primary concerns of the Indian community, and many American Indian children are not doing well in public schools. More attention needs to be directed to high school and college retention of Indian youth. LA Indian youth are not doing well in school when compared to county averages. They compare well in completing college with other urban Indians, but are worse in finishing high school.

Information on the health of the Native American population in Los Angeles County is very incomplete. The LA County Department of Mental Health reported that for the fiscal year 1992-93, the county facility served 417 Indian clients. Most Indian youth were treated for adjustment and personality issues (77%). Major depression was a far lower second concern with 17% (1992) and 15.5% (1993). Among adults major depression was the most frequent treatment for both older adults, 41.2% in 1992 and 54.5% in 1993, and adults, 36.3% in 1992 and 37.3% in 1993. Adults were often treated for schizophrenia, 21.6% in 1992 and 21.5 % in 1993, and bipolar and other psychoses with 20.9% in 1992 and 23.8% in 1993. Major depression seems to be a significant problem among the adult mentally impaired members of the Indian LA community, while youth are most often treated for adjustment and personality problems, with depression a secondary issue. The frequency of depression among the Indian community members seeking help far exceeds the depression frequencies of other ethnic groups. In 1993, among the other ethnic groups who sought county help depression was diagnosed for adult Hispanics at 24.8 %, whites 20.8%, African-Americans 20.7%, Asians, 28.2. Among Indian youth, the personality adjustment

[50] 1990 Census, Socio-Economic Characteristics, California, Table 151.

[51] Solis, "American Indian Feasibility Study: Final Report," p. 3.

[52] 1990 Census Sample.

[53] 1990 Census Sample.

diagnosis was given at a lower rate than Hispanic, white, African-American, and Asian youth, but Indian youth were diagnosed for major depression at higher rates than other ethnic youth who sought help at county facilities.[54] Major depression should be a significant concern within the American Indian community. Depression may lead to or be associated with other types of dysfunctional actions such as drinking, drug abuse, loss of work, violence and perhaps other issues.

The Eagle Lodge survey indicates that in their sample the leading psychological concerns were Feeling Good About Oneself (91 respondents), Use of Alcohol in the Family (77), Worries About Money (68), Angry and Bitter (67), Anxious (58), Fear of Neighborhood Violence (57), and Use of Drugs in the Family (57). Self perception topped the list while substance abuse was a significant concern.[55]

Los Angles appears similar to other urban Indian communities in that most Indian people who seek services are poor and relatively recent migrants to the city. The survey conducted by Eagle Lodge found that 42.4% of their sample of 380 did not have any type of insurance. Only 19% of the Eagle Lodge respondents had private medical insurance, while 38% had no medical insurance, 8% had IHS coverage and 17% had Medicare, Medicaid or VA coverage.[56] The primary reasons for not having medical insurance were that the individuals were unemployed or they could not afford health insurance. Some agencies and Indian organization providers believe that 60-80% of their caseloads are recent arrivals who are battling with drug and alcohol abuse problems. Nevertheless, substance abuse facilities and Indian organization providers are severely underfunded and compete with non-Indian agencies for funding and grants. Many Indian clients are confronted with dual diagnosis situations: They are suffering from both mental illness, usually major depression, and substance abuse. Present programs, however, are not equipped to manage more than one issue at a time. County mental health funding requires that substance abuse issues must be addressed before beginning mental health treatment. The requirement of detoxification or primary treatment before beginning mental health treatment greatly limits the possibilities of comprehensive treatment for those who are suffering multiple pathologies. HIV/AID is an increasing health danger to urban men and women, especially among the homeless, but no services are set aside to address the social and health problems at any Indian agency or organization.[57]

Like urban Indians in many large cities, many LA Indians cannot find good health care. Many do not have insurance, do not have the means to pay for health care, and cannot manage county health care facilities. Local Indian health care facilities are not comprehensive. Those urban Indians form recognized tribes can return to their reservations for serious care. Nevertheless, even returning to their home reservations for health care requires money, time off from work, and transportation. Consequently

[54] County of Los Angeles-Department of Mental Health, Facts, American Indians, April 20, 1994.

[55] Barnett et al, "Let Our Voices Be Heard," Needs Assessment.

[56] Barnett et al, "Let Our Voices Be Heard," Needs Assessment.

[57] "Urban Community Development,. Policy Position Paper," LA City/County American Indian Commission, June 1994.

many LA Indians wait until they are severely ill before returning to their home reservations or IHS health care units.[58]

The Department of Children and Family Services reported placement of 332 Indian children during 1995. Indian children were placed within Indian homes in 61% of the cases, while 39% were placed in non-Indian situations, which included non-Indian legal guardians, state non-Indian foster homes, non-Indian foster father adoptions, non-Indian fathers, group homes, adoption, or non-Indian relatives. A relatively high rate of non-Indian placements suggests that Indian Child Welfare Act (ICWA) protections are not entirely able to ensure that Indian children are placed in Indian homes. Urban Indian children are less likely to be placed in Indian homes than reservation children. There appears to be an insufficient number of Indian foster homes in Los Angeles. In 1990, Los Angeles had 250 Indian foster children and only 12 Indian foster homes.[59] ICWA services need to be considerably expanded to ensure proper disposition of Indian child adoption cases.

Experienced care givers in the LA Indian community emphasize that services should be delivered from a culturally informed perspective and be combined with experience and knowledge about community needs.[60] Most Indian clients continue to maintain lifestyles that emphasize Indian values and community. Indian community members strongly emphasize the importance of children, family and community as well as respect for oneself, for others, and the earth; honesty; trust; generosity; sharing; modesty; discipline; sincerity; and polite, kind, courteous behavior. These values characterize the value orientations of many members within the LA Indian community. The ability to practice Indian community values is mediated by the urban environment, substance abuse, acculturation, relations with the home reservation, and opportunity to engage in social and cultural activities with other Indians. Children and children's health are highly valued. Chronic illness for children occurs when conditions emerge that erode a child's relations with parents, family and tribe, impair a healthy sense of identity and well-being, or interfere with balanced development as a result of poverty or substance abuse. Children's health is interrelated with family health and can not be separated. Service providers for the Indian community suggest that poverty, geographic distances to services and other Indians, erosion of native rights, the absence of a culturally sensitive service delivery network and the relative invisibility of the Indian community are the main reasons that cultural integrity and health are threatened among urban Indian children and families.[61]

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[58] "Urban Community Development, Policy Position Paper," LA City/County American Indian Commission, June 1994.

[59] Los Angeles County Department of Mental Health, American Indians, Urban Indians, Los Angeles County, Rural and Reservation Indians, 1995.

[60] The immediately following material on values and the community draws heavily from Rita Ledesma, Cultural Influences Upon Definitions of Health and Health Sustaining Practices for American Indian Children, Draft-Dissertation Preliminary Findings, (Ph. D. Dissertation, Los Angeles, University of California, Los Angeles, 1996).

[61] Ledesma, Cultural Influences, p. 5.

Urban Indian Needs Assessment:
With Application to the Indian Children of LA County

Over the past 20 years numerous hearings and assessments have been made about the conditions and needs of urban American Indians. During the 1990s, several assessments were made about the urban Indian community in LA County. Many of the reports are very good and outline the issues confronting urban Indians, although most of the reports have gone relatively unheeded during the 1980s and 1990s, a period of government contraction and deemphasis on social programs. Many of the studies and needs assessments address issues that still confront urban Indian communities. This section summarizes the literature on urban Indian conditions, with special attention to the needs of Indian children and youth in LA County, and draws upon the recommendations suggested in the various reports and studies.

Eligibility for Services of Urban Indians in L.A. County[62]

In 1976, the Task Force on Urban and Rural Non–reservation Indians of the American Indian Policy Review Commission [AIPRC Task Force] wrote in its final report to Congress:

> In reviewing the history of the general problem of services to off–reservations Indians, it has been evident at least since the urban hearings of 1928 that the prevailing policy has been to deny services;...[T]he limited assistance, essentially designed to encourage Indians to leave their homelands, [has] done little, if anything, to alleviate Indian needs....The migration has not brought even moderate economic well–being to the majority of migrated Indians....
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> ...[U]rban Indians do not avail themselves of non–Indian programs and ... have tended to remain an invisible minority, holding less power and receiving less in the way of assistance than their numbers would warrant. In spite of the mistaken belief that urban Indians are an assimilated, undistinguishable group, many of them have retained their tribal identity and the need for programs that are

[62] This section on eligibility for services of urban Indians in LA County is written by Carole Goldberg-Ambrose, professor of law at UCLA.

specifically designed for Indians.[63]

The past twenty years have witnessed modest changes in federal policies and legislation regarding urban Indians, resulting in a small number of additional services to such individuals. Nonetheless, the statements quoted above remain essentially accurate. Whether the federal government's trust responsibility to Indian tribes encompasses urban Indians was debated in the AIPRC Task Force Report, and continues to arouse controversy today. Over the past five years, this debate has been augmented by concern among federal officials that benefits for urban Indians violate federal constitutional norms of equality on the basis of race and ethnicity.[64] The upshot is that increased services for urban Indians are unlikely in the future.

Denial of services to urban Indians is more often a function of agency policies than congressional mandate. By far the largest source of funds for services to Indians is the Bureau of Indian Affairs within the Department of Interior.[65] The broadest source of authority to dispense such services is the Snyder Act, enacted in 1921.[66] General assistance, child welfare services, employment assistance, and higher education scholarships, among other benefits, are funded by appropriations to Interior made under the authorization of this statute. Although the Snyder Act defines the class of eligible beneficiaries as "Indians throughout the United States," the Bureau has generally limited the class to Indians living "on or near reservations."[67] In some instances, as with higher education scholarships, the Bureau has established priorities, such that urban Indians may be awarded benefits only after Indians living on or near reservations have been served.[68]

The Supreme Court has never interpreted the Act to require such a narrower class of beneficiaries that excludes or limits eligibility for urban Indians; it has, however, affirmed the Bureau's power to designate a group that is less inclusive than the statute to receive benefits if the designation is made in accordance with proper procedures.[69] At the same time, some limits on the Bureau's power are suggested by a recent opinion of the U.S. Court of Appeals for the Ninth Circuit in a case involving higher education grants. There, the court stated that in formulating eligibility standards for programs funded under the Snyder Act, the BIA "must adopt criteria consistent with the

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[63] AIPRC Task Force Report at 7–8.

[64] See Memorandum from Solicitor, Department of Interior to Secretary of Interior, M–36975 (Supp. I), "Governmental Jurisdiction of Alaska Native Villages Over Land and Nonmembers," January 19, 1993.

[65] R. Walke, Federal Programs of Assistance to Native Americans: A Report Prepared for the Senate Select Committee on Indian Affairs of the United States Senate (1991).

[66] 25 U.S.C. sec. 13.

[67] See, e.g., 25 C.F.R. secs. 20.20(a)(3) (social services programs); 26.5 (employment assistance services); 31.1 (enrollment in B.I.A. boarding schools). The Bureau's choice of "on or near" the reservation echoes legislation that Congress passed in 1956 regarding vocational training programs for Indians. The purpose of this statute, 25 U.S.C. sec. 309, is "to help adult Indians who reside on or near reservations to obtain reasonable and satisfactory employment...."

[68] 25 C.F.R. sec. 40.1.

[69] Morton v. Ruiz, 415 U.S. 199 (1974).

broad language of the [statute]."[70] This court also encouraged the Bureau to "look to eligibility criteria used in other Snyder Act programs...for guidance when promulgating the standard for grant programs."

If the Bureau follows the Ninth Circuit's advice and turns to other Snyder Act programs for guidance, it will find only limited authority to include urban Indians in California. The particular program cited by the court was the Indian Health Service [IHS] health benefits for Indians, eligibility for which is defined by the 1988 and 1992 the Indian Health Care Improvement Act [IHCIA]. The Snyder Act serves as the basis for appropriations for this program, which is administered by the Department of Health and Human Services rather than the Department of Interior. As a general matter, eligibility for IHS services is limited to members of federally recognized tribes who live in designated "Health Service Delivery Areas" [HSDA's].[71] According to federal regulations, HSDA's normally consist of reservations and surrounding areas.[72]

Both the requirement of membership in a federally recognized tribe and the geographic limits of HSDA's can operate to bar urban Indians in California from health care services. The former requirement is relaxed, however, for some members of non-recognized California tribes. According to the 1988 amendments to the IHCIA, the class of "California Indians" eligible for IHS services includes holders of trust allotments and distributees under the California Indian land settlement process and their descendants, regardless of their membership in a federally recognized tribe.[73] While this definition encompasses some urban Indians (i.e., some of those from unrecognized California tribes), it obviously excludes the large number of urban Indians in California who relocated from tribes outside the state. Furthermore, the requirement of residence in an HSDA excludes all urban Indians in California except for those in San Diego County.[74]

To compensate partially for the exclusion of urban Indians from general IHS benefits, federal law provides that the IHS may fund urban Indian organizations to provide referral services, promote community health, and "where necessary, provide...health care services."[75] Approximately 35 such urban Indian health programs exist around the country, including one in Los Angeles County. These programs provide no more than primary care, however, compared with the more comprehensive care offered in HSDA's; and these urban programs are funded at only 1% of the total IHS budget, even though over 63% of American Indians and Alaskan Natives live in

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[70] Malone v. Bureau of Indian Affairs, 38 F.3d 433 (9th Cir. 1994).

[71] 42 C.F.R. sec. 36.12. The requirement of membership in a federally recognized tribe is relaxed for IHS programs designed to recruit Indians into the health professions. 25 U.S.C. sec. 1603(c).

[72] 42 C.F.R. sec. 36.15(a).

[73] 25 U.S.C. sec. 1679.

[74] The list of HSDA's in the Federal Register does not include Los Angeles County. 53 F.R. 32460 (1988).

[75] 25 U.S.C. secs. 1651-1653.

off–reservation areas, largely in cities. [76] Thus, even if the B.I.A. were to use the IHS as its model, it would not be providing adequate services to urban Indians.

Given the B.I.A.'s present inclinations in interpreting the Snyder Act, few of the benefits available under that statute, including child welfare services, ever find their way to Indians in Los Angeles County. The limitation of benefits to Indians who live "on or near" reservations is preclusive. Indeed, most benefits that come to tribes in L.A. County are funneled through agencies other than the Department of Interior. For example, the Department of Health and Human Services (HHS) houses the Administration for Native Americans (ANA), which supports Indian organizations in urban as well as reservation areas, promoting social and economic self–sufficiency for Native Americans.[77] Although funding for ANA has diminished substantially over the past several years, small amounts have been allocated recently to the Southern California Indian Center, located in Orange County, to support an Indian law clinic. HHS also sponsors child welfare services under the Social Security Act,[78] which may be provided through Indian tribal organizations that have established appropriate plans for such services. There is no federal requirement that the Indian families served by such programs reside on reservations, although the tribes may define their own priorities.[79]

Another example of an agency that funds services for urban Indians is the Department of Housing and Urban Development (HUD), which assists in financing the development or acquisition costs of low–income housing for families who are members of any federally recognized tribe.[80] In St. Paul Intertribal Housing Board v. Reynolds,[81] a federal District Court in Minnesota held that the statute authorizing these services made no distinction between urban and reservation Indians, and that the federal trust responsibility extended to both groups. Accordingly, where appropriate urban Indian housing authorities exist, HUD must consider them eligible for funds along with reservation–based organizations.

A third illustration of a non–Interior agency that supports services to urban Indians is the Department of Education, which administers several programs authorized by the Indian Education Act (Title IX). Title IX, whose purpose is to meet the special educational and culturally related academic needs of Indian students, includes a formula grant program directed at local school districts; a grant program for state, tribal, and Indian–controlled entities to improve educational opportunities for Indian children; a fellowship program for Indian students to study in graduate and professional programs in specified fields; and a grant program for the development of educational opportunities for adult Indians. By far the largest of these Title IX

[76] See National Urban Indian Policy Coalition, "Report to White House Domestic Council on Native Americans," April 10, 1995.

[77] 42 U.S.C. sec. 1991 et seq.

[78] 42 U.S.C. secs. 620–628.

[79] See Welke, supra note __, at 128.

[80] 42 U.S.C. sec. 1437c(c).

[81] 564 F.Supp. 1408 (D. Minn. 1983).

programs, the formula grant program, is based on the number of Indian students that a local school district can identify through certification forms filled out by their parents. In 1995, Title IX formula grant funds served over 33,000 students in California, including those who are members of recognized tribes, descendants in the first or second degree of such members, members of tribes terminated since 1940, and members of state–recognized tribes.[82] Urban as well as reservation–based Indians are included, and no distinction is made between members of tribes indigenous to the state and other tribal members. The enrichment program for Indian–controlled schools ordinarily requires that Indian children who are served live "on or near" a reservation. But in 1988, Congress amended the Indian Education Act to exempt schools serving Indian children in California, Oklahoma, and Alaska from that geographic constraint.[83]

What these three examples demonstrate is that agencies other than the Bureau of Indian Affairs are far more disposed to serve urban Indians than the Bureau itself.[84] Even in those rare circumstances where statutory law and the Bureau's own regulations allow grants to programs for urban Indians, such programs offer fewer services and are less well–funded than comparable programs for reservation Indians. For example, under Title II of the Indian Child Welfare Act (ICWA), federal grants are available both for "on or near reservation" programs[85] for Indian child and family services and for "off–reservation" programs.[86] But funding for the "on or near" programs has greatly overshadowed the funding for urban programs. Despite the large size of Los Angeles's urban Indian population, the only ICWA support is through a grant run by the Southern California Indian Center headquartered in Orange County.

When urban Indians are excluded from special federal Indian programs, general federal, state, and local services rarely function as adequate substitutes. Because Indian communities rarely constitute more than 1% of large metropolitan areas,[87] the distinctive cultures and needs of members of those communities are often overlooked. Professors Gloria Valencia–Weber and Christine Zuni emphasize this point in a recent article on domestic violence against American Indian women.[88] In a discussion of the special problems of urban Indian women,[89] they describe how shelters in urban areas

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[82] Eligibility criteria are specified in 20 U.S.C. sec. 238(c).

[83] Public Law 100–297; 102 Stat. 130, sec. 5312(2)(B) (1988).

[84] As another example, the Bureau funds Indian education through contracts made under the Johnson–O'Malley Act (JOM). However, JOM supports services to 1/3 the number of Indian children in California as the Indian Education Act administered through the Department of Education. See Goldberg–Ambrose & Champagne, A Second Century of Dishonor, Report to the Advisory Council on California Indian Policy 63–69 (1996).

[85] 25 U.S.C. sec. 1931.

[86] 25 U.S.C. sec. 1932.

[87] According to the 1990 census, of the 75 largest metropolitan areas, only seven had more than 1.1% of total population who are American Indian, Eskimo, or Aleut.

[88] Valencia–Weber & Zuni, "Domestic Violence and Tribal Protection of Indigenous Women in the United States," 69 St. John's Law Review 69 (1995).

[89] Id. at pages 129–32.

are frequently unaware of the cultural resources which should be used to assist Indian victims of domestic violence. To illustrate the need for urban shelters offering services tailored to the needs of Indian women, they depict the activities of the highly successful Eagle's Nest in St. Paul, Minnesota, which was established by an advocacy group for battered American Indian women. This shelter uses traditional teachings, resources, and practices to overcome the damage resulting from abuse, including burning sage and cedar to calm the spirit, teaching traditional crafts and survival skills, and participation in spiritual ways. Without such programs directed specifically at the Indian community, there is a genuine risk that services will remain unused by Indian people or that services will be ineffectual.

The question posed by recent federal administrations is whether such specially designed programs for American Indians violate the equal protection guarantees of the Fifth Amendment (in the case of federal programs) and the Fourteenth Amendment (in the case of state programs) of the United States Constitution. In particular, there is legal concern that benefits for urban Indians (as opposed to tribes) represent prohibited discrimination on the basis of race or ethnicity. A full analysis of this question is beyond the scope of this report. However, it is fair to say that federal programs for urban Indians are more likely to pass constitutional muster than state programs; and federal programs for urban Indians have a greater chance of surviving constitutional scrutiny if they are directed at individuals who belong to tribal communities and if they are administered in pursuit of a well–articulated trust responsibility. For example, child welfare services aimed at urban Indians who are tribal members or eligible for tribal membership seem secure against constitutional challenge, because they fulfill the federal trust responsibility to protect tribal communities against population loss.

Education

In general, American Indian education statistics are dismal. American Indian students drop out of high school at alarming rates, and those that continue on to college also show low rates of graduation. LA Indian children are doing much worse than the county average for graduating from high school and significantly worse than Indian youth in other large cities. Significant attention needs to be given to why LA Indian children are not finishing high school.

In our own survey, respondents stated that education was the main long-term solution to the socio-economic conditions confronting urban LA Indians. A primary issue among urban parents is control over the education process of their children. As far back as the early reservation days, Indian parents have had little participation or control over the American-style education of their children. Children were often shipped away to boarding schools, and when day schools became more acceptable, BIA officials and teachers managed the schools with little guidance or participation from Indian parents. Since the middle 1970s, many reservation communities have increasingly gained control over school administrations primarily through PL93-638 contracts. In urban areas, however, Indian parents and students have little access to

or influence on school policy or curriculum. Indian parents seldom find themselves in a position to influence the education of their children in city-wide or county-wide school boards. Nor are Indian parents often able to convince school administrators to introduce curricula with more culturally respectful and balanced understandings about American Indians and their cultures. The small numbers of American Indian students within urban settings make them relatively invisible to the process of school administration in large city and county school systems.[90]

Obtaining funding for urban education programs has been increasingly difficult since the early 1980s. Application processes require considerable expertise, urban Indian parents are forced into competition with reservation communities for limited funding, and urban education systems are relatively unresponsive to the needs of Indian children.[91]

Some cities, like Minneapolis and Chicago, have tried alternative or magnet schools for Indian children, primarily because the Indian parents saw their children doing very poorly in the public schools. The Chicago Indian high school is reported as ineffectual,[92] although the Minneapolis Indian alternative schools have a better record. The alternative schools are a way to bring education to Indian children who were socially and culturally mismatching with the American school system and culture. Many urban Indian parents express dismay over discrimination and harassment experienced by their children in public schools. The children often believe that their school instructors are insensitive, poorly informed about Indian history and culture, and uninterested in such topics.[93] Many Native American families emphasize sharing and extended family relations,while American schools emphasize individuality in the classroom. Cooperative, rather than competitive behavior is seen as weakness or poor performance by teachers.[94] Teachers need to be more engaged with Indian families and parents. Indian parents need more involvement in the education process. Furthermore, school books and curriculum unfavorably portray Native American images. Although in recent years efforts have been made to improve and diversify the images portrayed in textbooks, the current material is far from presenting a Native perspective or a Native voice.

A voluntary alternative or magnet school arrangement might be considered for LA Indian children, especially for those at high risk, although the dispersion of the Indian population throughout the county might migrate against such a project. If alternative programs are not possible, more emphasis should be given to community-based education or community participant education. Indian teacher aides and parent volunteers may make Indian children more comfortable at school. Peer-tutoring should be made available and values such as sharing, cooperation, and group

[90] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 62-63.

[91] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 62-63.

[92] Mucha, "American Indian Success," p. 341.

[93] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, p. 65.

[94] Little Soldier, "To Soar With the Eagles," pp. 187-88.

success should be emphasized in the classroom. Teachers, however, must be taught to respect Indian families and cultures, and excuse absences for religious or ceremonial participation.[95] More Indian parents want to see greater cultural awareness of Indian history and culture within the school environments within which their children must study. These may include introduction of courses about Indian history and culture.[96] More Indian teachers, counselors, and administrators in public schools would help Indian children feel more comfortable and also gain recognition and appreciation of their cultural differences. Indian children are in great need of college preparation counseling, and high school retention counseling.

In order to assist in the education of LA Indian children and youth, local education institutions, colleges and universities should help ensure the availability of counseling and economic assistance to needy and deserving Indian students. Institutions of higher education should further develop courses of study related to Native American cultural and history, and help conduct research that identifies educational and job training needs within the Indian community. More Indian parent groups should be encouraged to organize and work to influence the education of their children. Such groups could help develop grant proposals and serve as advocates for bettering the education of Indian children and youth.[97] Colleges and universities can help ensure that Indian and non-Indian students are trained in nursing, teaching, business and social work programs that pay special attention to the culture, history and contemporary conditions of the LA American Indian community. Local school systems might help their Indian students by providing adequate transportation for school and special programs, increasing Indian cultural awareness among teachers, administrators, and within textbooks, discouraging discriminatory incidents and practices,[98] encouraging volunteer peer and adult counseling and tutoring programs to improve student work habits and academic achievement, encouraging cultural presentations and exhibits by members of the Indian community, and encouraging teacher training and awareness of Indian history and culture.[99]

Child Care Centers

LA Indian children ages 0-4 suffer very high rates of poverty, while American Indian families have relatively high unemployment and low income. Furthermore, with higher than average rates of female heads of households, many American Indian children are forced to live in economically and educationally disadvantaged situations. Head Start programs, local preschool programs, and child care centers would help alleviate the current devastating socio-economic conditions of LA's youngest Indian children. Preschool programs and Head Start can help alleviate language difficulties and

[95] Little Soldier, "To Soar With the Eagles, " p. 190.

[96] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, p. 65.

[97] See for instance recommendations by Farrokhi, "Rapid City American Population Needs Assessment," p.166.

[98] Perceptions of discrimination were most often encountered in education according to a survey in Rapid City. Farrokhi, "Rapid City American Population Needs Assessment," p.169.

[99] See for instance Farrokhi, "Rapid City American Population Needs Assessment," p.166.

school environment adjustment of poor urban Indian children. Urban Indian children do not participate in preschool programs at the same rate as non-Indians and rural reservation Indians.[100] One reason may be cultural; Indian parents will want to send their small children to more culturally agreeable environments. Consequently, a series of preschool programs organized, administered and staffed by American Indians may provide the type of care with which Indian parents are comfortable. Indian children have low rates of participation in non-Indian operated preschool programs; most likely their parents prefer more culturally sensitive and community-oriented programs for their children.

Urban Indian preschoolers need access to computer learning, audio-visual equipment, speech therapy and special education programs, and psychological services. Parents need to be more involved, and more preschool facilities need to be operated, administered and staffed by Indian people. Preschools for urban Indian children should be closely linked to community cultural events, have considerable contact with elders and Indian community people, and provide health information and care.[101] Child care services require greater parental and community participation consisting of extensive communication among parents, teachers, administrators, and children. Indian parents and community members need to be empowered to act for the benefit of Indian children within the policy and daily administrative needs of preschool care. Greater American Indian community advocacy must provide a check and balance in order to ensure greater access to preschool care, more funding, more involvement in policy and guidance of the preschool facilities with Indian children. More Indian-operated urban child care programs and facilities should be encouraged.[102]

Health Care for Children

Urban Indians do not have the same access to health facilities as do reservation communities, which are often served by the IHS. In Los Angles, the LA Indian Clinic provides primary care to many urban Indians, but at the time of this writing it is not being supported by a substantial IHS grant. Non-Indian health providers are often reluctant to service urban Indians for fear of nonpayment. Many urban Indians can not afford health insurance or have jobs that do not provide health insurance benefits. Since many non-Indian service providers believe that Indians are taken care of by the IHS, Indian patients are often referred to distant IHS facilities. Many new arrivals in LA are not familiar with the private or public health system. Most newly arrived and low-income Indian migrants prefer to visit an Indian health facility, where they believe they will be treated in ways similar to reservation health care. Language barriers, limited understanding of urban health care systems, lack of health insurance, lack of money, and absence of trust all contribute to inhibit urban Indians from using urban medical facilities. Indians often do not have good information or contacts that can help them steer through the bureaucratic maze to find agencies or basic health information and

[100] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, p. 64.

[101] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 64-65.

[102] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 65-70.

care in such areas as nutrition, and prenatal and postnatal care.

Many Indians prefer to patronize Indian-operated clinics. When asked about the greatest strengths of the American Indian Clinic and the Eagle Lodge (Alcohol) Recovery Program, a panel of LA Indian community members said that the Indian programs provided convenient and affordable payment plans, provided positive and professional role models for American Indian children, were Indian operated, were staffed by culturally knowledgeable Indians, were places where many tribes met and shared, and offered a variety of counseling techniques. Also the counselors were experienced community members who understood the situation of the clients.[103]

Health programs need to improve access for American Indian women, who are in need of prenatal, maternal and child care services.[104] Off-reservation health agencies are not meeting the health needs of the urban Indian community.[105]

More Indian-operated health facilities are needed, and more Indian doctors, nurses, other staff, and hospital administrators are needed to make urban public and private health facilities more user friendly and culturally aware of the urban Indian health client population. Greater cooperation, awareness, and cultural sensitivity are needed by IHS, county, local and private health providers in order to ensure better health maintenance and education for the urban Indian community.[106]

Substance Abuse

As mentioned above, research indicates that Native American youth tend to use alcohol, tobacco, and drugs more frequently and at earlier ages than other ethnic groups. Indeed, some studies show alarming rates of use by very young Indian children. The use of alcohol and drugs by urban Los Angeles American Indian youth is not known, but if the more general studies are any indication, then LA Indian youth are most likely experiencing high rates of harmful substances. Substance abuse contributes to dropping out of school and to encounters with police. More research is needed to understand substance abuse among Indian children in Los Angeles. Alcoholism or drug use in the family was a significant concern among 380 Indian community members surveyed by Eagle Lodge.[107] Alcohol centers and counseling are current needs among the adult LA Indian community. The recent shutdown of Eagle Lodge and the Main Artery, both Indian-operated substance abuse treatment centers, merely underscores the increased need for stable and reliable treatment for adults and children.

Substance abuse prevention programs may be more valuable for serving the needs of

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[103] Solis, "Results of the Exploratory Interview Phase," Attachment H, p. 1.

[104] Sugurman et al., "The Urban Indian Oversample," p. 250.

[105] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 72-73.

[106] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 72-73.

[107] Barnett et al, "Let Our Voices Be Heard," Needs Assessment.

Indian children. After gathering reliable data on substance abuse about Indian children in Los Angeles, prevention programs need to be designed and made culturally appropriate.

Indian Child Welfare Act (ICWA) Needs

The Indian Child Welfare Act of 1978 was designed to help ensure that orphaned Indian children were placed in Indian homes where they could learn more about their culture and community. Indian children in LA are underserved generally by the ICWA and by county agencies. A significant problem is the lack of Indian foster homes in which to place the over 300 Indian children in need of foster care. More ICWA services need to be provided to Los Angeles, although there is currently only one ICWA funded project in LA County. This facility is operated by the Southern California Indian Center.

A variety of issues and problems are identified with delivering ICWA services in Los Angeles. Indian children and families are not always identified as Indian by child welfare workers and courts. This has led to recent court cases on the subject, and the development of the relatively unfavorable "existing Indian family" doctrine by Californian courts. The courts hold that ICWA applies only if there is an Indian family enrolled in a tribe; those who are not enrolled, even though eligible and having enrolled relatives, are not subject to ICWA provisions that direct that such children should be placed with Indian relatives, or tribal relations, or in an Indian home. Other issues emerge when Indian children are not identified as Indian and are adopted by non-Indian families. The LA American Indian Commission has intervened in at least one case where a Cherokee child was put out for adoption to a non-Indian single parent. County child welfare professionals, administrators, lawyers and judges are resistant to implementing ICWA. Many social workers, lawyers, and judges have little experience or understanding of ICWA or of federal and tribal government relations based on treaties, legislation, and legal precedent. Consequently, judges, social workers, and lawyers sometimes see ICWA as a violation of individual rights, as discriminatory, and possibly as a violation of constitutional law.

In recent years, ICWA projects have developed multiservice programs including referrals, case planning, group homes for unmarried mothers, adoption services for Indian families, and parenting classes for Indian foster parents and staff.[108] Orphaned Indian children in LA County continue to be underserved and need legal, administrative and community protection of their rights under ICWA. More funding is needed for ICWA centers, and either the existing ICWA program site should be expanded significantly, or additional ICWA programs should be allowed to operate in Los Angeles County.

[108] Charlotte Tsoi Goodluck and Deirdre Short, "Working with American Indian Parents: A Cultural Approach," cited in Los Angeles County Department of Mental Health, 'American Indians, Urban Indians, Los Angeles County, Rural and Reservation Indians, 1995.

Need for a Multiservice-Cultural Center and Network

During the 1970s and early 80s, urban Indian centers provided many centralized services such as counseling, orientations to urban living, contact with positive role models and elders, cultural events, financial assistance, job training, advocacy for Indian people and programs, and other services. During the early 1980s, three urban Indian centers were operating in Los Angeles, but all three were closed down in 1986 owing to financial irregularities. The practice of closing down the centers, instead of prosecuting misdeeds by individuals, ran contrary to the needs and wishes of the LA Indian community. Most surviving programs and staff moved over to work with the Southern California Indian Center, which has for the last decade served the Los Angeles Indian community through a variety of programs. Indian centers provided community and cultural focus to the dispersed LA Indian community. If there is any pattern to the dispersed LA Indian community, it resides in the active powwow groups and leaders. There is a powwow in LA County and surrounding counties nearly every weekend. The Southern California Indian Center is closely attached to southern dance traditions from the Oklahoma area and to some Kiowa traditions and dance ceremonies. Community, culture, and service programs combine to make Indian centers and organizations preferable places to meet and receive services. Indian organizations and centers provide sensitive and supportive social services and general assistance to Indians and their families. Furthermore, Indian centers can provide platforms for advocacy for more Indian programs and services, and can serve as referral and communication link between local and county agencies and the Indian community.[109]

There have been attempts to form and maintain multi-service and cultural centers since the 1960s. Many in the Indian community favor a more centralized arrangement of services, community meetings, and cultural events, although the dispersed character of the Indian community throughout LA County inhibits the identification of a mutually agreed upon single location. In fact a single location might not serve the Indian community very well, and a network of service, community and cultural organizations might be a more realistic possibility. A centralized organization of services could provide a variety of needed services within the Indian community. Some suggestions in the literature are vocational training, development of Indian-owned small businesses, classes on traditional languages and cultures, dissemination of information about health, nutrition, education and civil and indigenous rights, sports and recreation events for children, community meetings, substance abuse treatment, legal aid, program advocacy, and child care.[110] A community-service center could also be used for political mobilization, voter registration and voter turnout drives.

In a focus group discussion, LA Indian leaders and community members in 1993

[109] AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 76-77.

[110] Farrokhi, "Rapid City Native American Needs Assessment," p. 170.

identified the need for a cultural center for all ages as one of three most important problems. The best overall solution to problems in the Indian community was a cultural or community center with programs for children, the elderly, and all others. Such a center would provide a place to socialize, to put on dances and powwows, to allow interaction among the generations, to furnish role models, to establish child care; it would function like a reservation "town hall." [111]

Other LA Urban Indian Needs

Many needs are recorded within the LA Indian community which are usually considered adult issues, but which often directly affect the well-being of many Indian children and families: employment, transportation, adult job training, housing, legal services, elderly needs. LA Indian employment rates are low and to some extent employment problems can be alleviated with more education and job training. The major job training grant for LA Indians is the JTPA grant managed by the Southern California Indian Center. This grant, however, is scheduled to expire in June 1997, and it is not clear if there will be an adequate replacement. More job training and education are needed by the LA Indian community. Low income and poor adult job prospects can not but adversely affect the disposition of children who live in poverty or near poverty situations. Transportation and housing are problems related to poverty. Since the cost of housing in Los Angeles is very high, those urban Indians who are unemployed or earn low incomes often are forced to live in substandard and cramped living quarters. Without a car or with only one car, Los Angeles can be a difficult place to live, since the city and county have only recently begun building train and subway lines to complement bus lines. But the distances one may have to travel in Los Angeles, just to make an appointment or keep a job, may range from 20 to 30 miles or more. Travel by bus for such distances is prohibitive; while the cost is low, the time needed to travel such distances often can take hours, and often is impractical. The new subway and train lines may help alleviate the transportation problems of low income LA Indian community members, and Indian organizations should position their service sites so that they are accessible to the train and subway lines in order to maximize their access to Indian community members around the county.

Many urban Indians are in need of legal information, advice and assistance. Many do not have an adequate understanding of their civil, legal and indigenous rights. Indians often suffer considerable abuse of their rights before comment or action. For most Indian community members, the cost of lawyers prohibits the taking of legal action to protect their rights and civil rights. There is need for more legal education about civil and indigenous rights among the urban LA Indian community. More non-Indian lawyers, judges, legislators, county officials, and law-enforcement personnel need to be better informed about tribal rights and federal law pertaining to Native rights. Low cost legal aid should be more readily available to the urban LA Indian

[111] Solis, "Results of the Exploratory Interview Phase," United Way of Greater Los Angeles; Attachment H, pp. 1-2; See also AIPRC, Task Force on Urban and Rural Non-Reservation Indians, p. 75.

community.[112]

A long-standing concern within the LA Indian community has been the provision of additional senior care facilities. Many elders are people who were products of the early BIA relocation programs dating from the 1950s. Indian elders often are reluctant to use the non-Indian elders centers available within the county and city. The elder population is dispersed widely throughout the county, which inhibits delivery of services for their needs. A culturally relevant elder service center for American Indians does not now exist in Los Angeles county.[113] An elder center should be integrated with a multi-service network that would introduce and engage elders and children. Children will find role models among the elders, and can learn culture, and history from them. Such a program would contribute to forming a multi-generational community, and would teach children about life in Los Angeles. In the late 1980s and early 1990s, the LA City/County American Indian Commission worked on creating a multi-service center including comprehensive services for Indian elders.

A Survey of Service Delivery for LA Indian Children[114]

This assessment of needs and assets for American Indian children in Los Angeles County was obtained through interviews with twenty-nine (29) Indian organizations, nineteen (19) members of the American Indian community and fourteen (14) government agencies that provide services for children. The interviews were conducted via telephone and lasted anywhere between 10 minutes and 1 hour.[115] Attempts to contact representatives of the county or city agencies who provide services in the area of adoptions were unsuccessful despite repeated efforts. Researchers were often bounced around agency departments in an effort to locate the appropriate people to speak with, which indicates that clients who need services probably encounter the same difficulty.

Indian Organizations

American Indian organizations provide a wide range of services to American Indian children in Los Angeles County. Among the services provided are tutoring; high school and G.E.D. classes; scholarships for higher education; psychiatric counseling; drug and alcohol counseling; academic counseling; cultural enrichment programs such as dance workshops, storytelling and instruction in how to make dance regalia; sports events; ICWA; foster care; court advocacy; family reunification services; and in-home services for fetal alcohol syndrome children. Children are also the beneficiaries

[112] See AIPRC, Task Force on Urban and Rural Non-Reservation Indians, p. 74; Ledesma, Cultural Influences, pp. 5-6.

[113] Lucy Wilson, Beverly Sweetwater, and Dennis Tofoya, "Providing Services for American Indian Elders in the Greater Los Angeles Area: A Concept Paper" City/County Native American Indian Commission's American Indian Elder's Sub-committee (early 1990s); Solis, "Results of the Exploratory Interview Phase," pp. 5-6.

[114] The survey research and writing was carried out largely by Amber Machamer and Bethany Phillips.

[115] Copies of the interview protocol are available at the UCLA American Indian Studies Center.

of services such as hot meals, food baskets, homeless shelters, emergency housing, shower facilities and clean clothing, supplies such as car seats, diapers, etc.

Despite the breadth of services listed above, gaps have been identified in services. Most prominent among these is the area of health services. The loss of the American Indian clinic means that there are currently no Indian-run organizations providing extensive health care to the American Indian community. Due to issues of cultural insensitivity, which will be addressed in detail later in this report, many American Indians are reluctant to seek services from other providers, so the lack of an American Indian health care provider is creating a problem within the community.

Other services that have been identified as lacking for American Indian children are a day care center, especially for children with single parents, nutrition information classes, and a daily living skills class that would assist recently relocated families in adjusting to life in an urban area the size of Los Angeles. Also, because of the lack of sufficient American Indian foster families, many American Indian children are placed with non-Indian families who know little about the children's culture. A program should be instituted that assists non-Indian foster families by training them to be culturally sensitive and to provide a cultural context so that the family better understands the child's background.

Although many services are currently being provided, Indian organizations unanimously noted that they are understaffed and underfunded to meet the needs of the population. Often an organization may provide a service but the client may not be able to receive the service immediately. For example, although many of the Indian organizations provide tutoring programs, there are wait lists for students who need tutoring because there are not enough tutors. With increased funding, which would allow for an increase in staffing, organizations indicated that they would be able to expand their case loads and the number of people receiving services, provide more tools, therapeutic books and games that are culturally appropriate for utilization in mental health counseling, bring traditional healers in as consultants for patients, and open more clinics and satellite locations to increase the number of people provided with convenient service locations. More outreach could be conducted because the staff would not have to devote all of their time to providing services; more cultural programs could be provided for children; and more attention could be focused on preventative programs such as parenting classes, drug and alcohol counseling, gang diversion activities and school retention programs, rather than the primary focus being on crisis services.

Another result of the lack of funds is that most of the money and services are crisis services because the need there is most immediate. Although some cultural programs are being provided, such as dance workshops that teach the children traditional dances, traditional storytelling that teaches the children the myths and legends of their peoples, classes that teach traditional beading techniques, and classes that show children how to make their own dance regalia, there is a need to expand these programs because there are currently not enough programs to serve

the number of children who could benefit from these services. Because most funds are devoted to crisis services, there is a segment of the population who are not in crisis whose needs are not being met. Also, if more preventative services such as those mentioned in the previous paragraph could be offered, fewer children would end up in a crisis situation. For example, the issue of providing more after-school programs for children as a method of diverting children from gangs was mentioned by several respondents. One interviewee noted that, "Because American Indian children don't all live in the same area it creates a feeling of alienation because they do not know other Indian children. This lack of belonging can lead children to join gangs."

In asking the organizations how they conducted outreach into the American Indian community, we found that most organizations rely predominantly on word-of-mouth and informational booths at pow-wows as the means of disseminating information about the services that they provide. Because the organizations are already serving more people than they can handle, there is the perception that their methods of outreach are successfully reaching the population; however, they are missing that segment of the population who may need services but do not participate in pow-wows. Also, they may be missing people who don't need crisis services but could benefit from the prevention and cultural services that the organizations do offer. "American Indian " is a general term that is utilized to refer to any person who is indigenous to the Americas; however, despite the last that all fall under the same nomenclature, American Indians are not a homogeneous group. There are approximately five hundred (500) different American Indian tribes in the United States, each with their own distinct culture. The American Indian population in Los Angeles County represents over one hundred (100) different tribes. Because of the variety of cultures, there exists the potential problem that if an Indian organization is staffed by people from predominantly one region, this may alienate Indians from other cultures.

Because service providers are already overburdened, the issue of improving outreach may by necessity be placed in secondary importance to solving the problem of finding a way to provide more services. It should not, however, be ignored as a necessary component to improving services to American Indian children.

The lack of a geographically defined population to which the Indian organizations provide services creates a unique problem in adequately serving the population of American Indian children. Unlike many other ethnic groups, American Indians do not tend to settle within a close proximity to one another. There are several reasons for this. One is that some urban American Indians were settled in the Los Angeles area during the government program of relocation in the 1950s to the 1970s, and were dispersed throughout the area by the government. Another reason is that since American Indians come from different tribes they have different languages and different cultures, and so there is no unifying reason for them to live together. Because they are so spread out, transportation is often problematic, since many of the people who need services have to utilize public transportation. Several solutions to the problem of a lack of centralized services were discerned from the interviews. These include providing transportation for people to the service location via a van pool and

the establishment of satellite locations in some of the less accessible regions like the Antelope Valley or the San Fernando Valley.

One solution that was proposed by several people was to centralize the services in one location:

"By working together we could eliminate the problem of being spread out, the transportation problem. It would be nice to have one building that provided all services in a centralized location."

"There should be a community center. A centralized place where families can go to network and get services or referrals. We are so spread out that it is difficult for them to know where we are and who we are. A centralized community center would be a place where organizations could reach out to the community."

"They need to centralize services. Too many groups are trying to do the same thing."

Another suggestion was to establish a network between the already existing programs:

"There are too many small programs all spread out, they need some type of network."

The major stumbling block that has been identified in centralizing services either through one location or some type of networking is that the current distribution system for funding promotes competition for funds and clients between the various Indian organizations. Because they are set up to be in competition with each other for necessary funding, it is difficult to maintain a cooperative atmosphere. This situation also creates an overlapping and duplication of services, creates difficulty for the American Indian organizations to network with one another and with outside agencies, and fragments an already small community.

One solution offered was the "creation of an umbrella ninth (9th) region in the county to account for and meet the needs of people who are not being served by the current eight (8) region system. The needs of our small population tend to get overshadowed by the needs of the dominant populations in the regions."

Increased funding would allow organizations to fill in the gaps that currently exist in the services provided. Finding a way to eliminate the competition between the various Indian organizations would improve communication between them, resulting in an improvement in services to American Indian children.

Community

Most community members are unaware of all of the services that are available to

them. They are somewhat aware of services that are provided by Indian organizations; however, of the nineteen (19) community members interviewed, only one (1) mentioned government agencies as an arena in which to receive services. This community member has been a foster parent for thirty (30) years and an education activist for fifteen (15).

According to community members, the most successful programs work because they are staffed with American Indians. They feel that the presence of American Indian staff members promotes programs that are culturally sensitive, provides positive role models, and cultural pride, and debunks stereotypes. The programs that community members indicated they had a positive experience with were those that were holistic in nature. Because of cultural sensitivity issues, American Indian people professed a preference for receiving services at American Indian organizations. One person noted that they preferred to receive health services at the American Indian clinic because the staff there did not perceive themselves as superior to their clients. A representative of an Indian organization noted that, because of cultural sensitivity issues, "We only refer to mainly Indian organizations. Clients want to deal with other American Indians. We are not comfortable referring to a non-Indian service with whom we aren't familiar." Another person noted, "Cultural sensitivity has always been a problem. It starts with educating non-Indian adults. If an Indian gets treated badly once, they will never go back and won't get the help they need. A lot of the way Indian people are treated is caused by ignorance."

The need for more American Indians working within the system and for improvement in the area of cultural sensitivity is one with which representatives within the agencies are also cognizant. Several comments regarding this issue follow:

"We feel we could improve services if we were to have more individuals representative of the population to provide direct services and to aid in developing treatment plans that are more culturally appropriate and to provide hands-on assistance with clients. These individuals would not necessarily need specialty training; if they were support staff or part of a group formulating policy it would help to improve services."

"Improvement of cultural aspects of services provided depends on the membership on the council, so the solution would be to have more American Indians involved in the policy-making, which would make it easier to plan more culturally specific programs."

"There is a need for more American Indian service providers working with the community, and there are currently not enough American Indians with the training to provide these services."

"We would like to see more American Indian social workers and support staff in social work and other government agencies. We would like to see more community-based organizations serving as liaison between the governments and the Indian

community."

Although some individuals within agencies are aware of the problems in serving American Indian children, individual awareness does not necessarily translate into any attempts by the agency to address these problems at a policy level.

Given the geographic dispersion of American Indian people in the county, importance is placed on having an accessible location where American Indians could come together as a group for cultural support and education for the children. As noted above, it was felt that this would help to keep children out of gangs because it would promote cultural pride, and self-esteem, and would create a venue which would eliminate the isolation that American Indian children feel. There are few American Indians in the schools, and they become invisible in the school system because they are often misidentified or lumped in with other ethnic groups.

Members of the community feel that there are not enough services being provided for the size of the population and the geographic regions where American Indians live. Many programs that are offered, like the tutoring programs, have wait lists because there are not enough providers. Because the population is spread out, as one interviewee noted, "Lancaster to Long Beach," the location of services and the ability of people to reach the services are issues of great concern.

Because of understaffing/underfunding, many organizations devote most or all of their energies to crisis intervention. There are not enough programs that provide for prevention or cultural enrichment. The emphasis on crisis intervention, while necessary because people in need must be cared for first, creates the situation of no long-term solutions being funded to keep people from reaching the crisis state in the first place. It creates, as one interviewee noted, "short-term band aids on broad social problems for American Indians." It also creates the problem of organizations not meeting the needs of all strata of the population. Those who require more preventative or cultural services are getting short shrift. This is not because there is a lack of desire on the part of the organizations to provide these services, but because limited funding requires that those in crisis have priority.

The community members also perceive competition or uncooperativeness between Indian organizations. This creates a duplication of services, which leads to confusion in the community over where to get services and whom to get them from. It may also create a reluctance to go to more than one Indian organization to get needs met.

One of the major problems perceived by the community for American Indian children is the presence of cultural insensitivity and the perpetuation of stereotypes within agencies, schools and the general population. The community members felt that these issues could be addressed by more visibility of American Indians in film and television, more positive and accurate depictions of both reservation and urban Indians in the media, and more American Indian actors portraying American Indians. One interviewee felt, "We need to eliminate the Hollywood stigmatism (stereotype).

We need to let people know that American Indians have different appearances, help them in identifying American Indian peoples, and to instruct them in cultural sensitivity, inform them that there are cultural differences among the different tribes. We need better portrayals of American Indians in Hollywood."

In the schools there is not only the problem of how American Indians are presented within history, but one interviewee related an incident in which a teacher utilized music from the Disney movie *Pocahontas* in a music appreciation class without any consideration of how this would impact American Indian students.

Another issue for which community members expressed concern is the use of American Indians as sports mascots. It was noted that "mascots lead to stereotypes." One interviewee noted that it "belittles and patronizes American Indians like we are subhuman. It's just not right and the time has come to change. It promotes negative stereotypes of Indians." Although this is an issue that is very important to the American Indian community, it was perceived by members of the community as unimportant to non-Indians.

Many community members perceived academic and cultural education as the best long-term solution for the problems within the community. They felt that if American Indian children complete a high school education and possibly go on to higher education, their chances of being able to find well-paying jobs or careers would improve. This would alleviate some of the financial problems that are experienced; however, money is not the biggest motivator. The community perceives that so long as children are given a strong cultural background they will go on to higher academic learning and then bring their knowledge back into the community for the benefit of everyone. American Indian college students come back to tutor high school students; doctors, lawyers, and social workers come back and provide services to their own communities. The success of this type of solution can be noted in the following program:

This school district has a tutorial program for students in which fifteen (15) college students tutor high school students for nineteen (19) hours per week. This helps to keep both groups in school by providing employment with a flexible schedule for the college students and providing the high school students with the help they need. They also have a scholars-in-training program in conjunction with UC-Irvine. This program focuses on academically gifted students (those with a 3.0 or better) who are then interviewed, along with their parents before being selected for the program. In a survey of graduates from this program, of the two hundred (200) students who participated, all but two (2) had gone on to some form of higher education. Of the two (2) students who had not continued in school after high school, one (1) former student had indicated that she was going to go to college because she found she could not advance any further in her company without a degree. The other former student indicated that she was happy with her job, was getting married and most likely would not be working at all after she was married.

Agencies

One of the major findings is that county/city agencies are not designed to deliver services to the American Indian population. County funding for services is often based upon regional distribution. There are eight (8) funding districts within the County of Los Angeles. American Indians, given their geographic dispersion, do not make up a large enough percentage of the population in any of these eight districts to make American Indians as a specific ethnic group eligible for funding and services. As one interviewee noted, "Out of the entire LA city budget, not one Indian specific program was funded. We have the highest levels of all social ills and you think that we would receive more funding to deal with these problems, but it's just the opposite."

Because services tend to address the needs of the dominant population in the district, many services claim not to have race-specific programs, and do not deny services to anyone in need, but by default of location, i.e. South Central, East L.A., services are geared toward a particular ethnic group and predominantly address the major social problems of this group. This creates a perception of non-inclusion, resulting in a feeling of alienation in American Indians, who are generally a population who are reluctant to seek out services, especially services provided by non-Indians. Help-seeking behavior tends not to be the cultural norm for American Indians, and rude and insensitive treatment by government agencies makes it even more difficult for this population to go to the agencies for assistance.

Our research indicated that agencies are not aware of American Indian issues. There is a lack of cultural sensitivity and knowledge about the needs of the Indian community and tribal differences within the community. As noted above, some individuals within certain agencies are aware of the problem, but seem not to have taken any pro-active steps to address this issue.

Another difficulty is the tendency on the part of agencies to link American Indian issues with Hispanic issues and to link the two groups together. One agency representative noted, "American Indian families will classify themselves as Hispanic. We don't even have a racial eligibility box on the intake form. We don't ask for race. We categorize by language." A representative of an Indian organization noted that government agencies "turn their back on Indians and lump them in with Hispanics. We get swept under the rug."

The lack of training in dealing with American Indians creates a great deal of misperceptions on the part of the agencies. They don't understand that many American Indian cultures believe it is rude to look someone straight in the eye, which is diametrically opposite from the Anglo belief. Because of this cultural difference, American Indian clients are perceived by agency workers as untrustworthy or belligerent. Also, as one community member noted, "Agencies tend to rush American Indians into procedures such as filling out paperwork rather than being patient and drawing the person out more, offer them a cup of coffee, to get the information necessary to provide them with services."

Agencies are often either totally unaware and untrained to deal with American Indian clients or agencies have an American Indian Unit or desk to which all American Indian clients are funneled. These units are understaffed and underfunded because allocations are made based on population, usually as given by the census data, which many American Indians believe represents an undercount of the Indian population. For example, one agency stated that in 1993 American Indians made up less than 1% of their clientele and the representative felt that was an appropriate percentage because American Indians make up less than 1% of the population. However, this agency provides services based upon income level, and since American Indians in Los Angeles County rank second among ethnic groups who have the highest percentage of the population living below the poverty level, if services were being provided to all who needed and qualified for them, it is expected that American Indians would make up a higher percentage than one on par with the reported population. Agencies may not see a need to outreach to the American Indian community because they think they are adequately meeting this segment of the population's needs.

One prominent problem with government agencies dealing with American Indians is the lack of identification of clients as American Indian. Clients are not being identified as American Indian because the agency workers don't ask, American Indians don't self-identify, mixed-race children are often misclassified in the other ethnic category, and non-Indian parents with Indian children do not identify children as American Indian. In a single-parent family, agencies often ask the parent who is the primary caregiver if he/she is American Indian, and neglect to inquire about the absent parent's ethnicity. Also, who qualifies as American Indian is based upon different criteria depending upon the agency. Some rely upon self-identification, or tribal enrollment, or status is determined by the agency.

In speaking with representatives from various agencies, we found that they either pass on clients to their Indian desk if they have such an entity, or to Indian-specific organizations who are often not equipped to provide those services or are already overwhelmed with present workloads. In questioning a representative from one school district, the researcher was informed that the representative contacted was not the appropriate person to speak with, but that he/she would inquire as to the proper contact and phone the researcher back. The representative followed through and told the researcher to contact the American Indian Education Commission. To his/her knowledge, there was no other person or division within the school district that addressed issues for American Indian students.

The agencies seem to think that the problems of American Indians are someone else's problems. This could be interpreted as a misperception of the federal trust responsibility between the government and American Indian tribes. For example, one interviewee from an Indian organization noted, "One of the major problems that I'm aware of is the lack of sensitivity for Native American people who go and don't understand the system. Most recent has been the health care system, the loss of the

Indian clinic and the referrals to non-Indian services. Some Indians are getting turned away. Since the closing of the clinic we are hearing about that a lot more." Since most agencies seem to have very little familiarity with policy and procedures regarding American Indians, non-Indian health care providers may be under the impression that American Indians should receive their care through the Indian Health Services (IHS), unaware that IHS does not offer services within urban areas and that the client would need to return to their reservation to be treated by IHS. With regard to the issue of education, it is not clear if American Indians are not receiving services through the school districts because of the assumption that educational assistance should come from federal sources, or if it is due to the "invisibility" of American Indians in the school system. That is, students may not be asked to identify their ethnic background, or may be mistaken for other ethnicities or lumped together with Latino students, resulting in their specific needs and issues being overlooked.

Those American Indian representatives who do work within the government agencies expressed the desire to see programs established that are more culturally oriented for American Indians. A representative from an agency that supplies mental health services stated that he/she would like to be allowed to bring in traditional healers as consultants for clients. It was also noted that because American Indians do not have a geographically defined population, they lose out on services that agencies provide. While the agencies claim these services are not race-specific programs, they do target specific geographic areas and by default are race-specific.

Because the agencies do not perceive a problem regarding service to the American Indian population, there are currently no plans being made to address these shortcomings in the system. This means that American Indians will continue to be underserved and American Indian organizations will continue to be overburdened in supplying necessary services to meet the needs of the community.

Education

Educational issues were raised so often in interviews that the topic will receive special attention in this report. There are a number of different services in LA County that address American Indian education. The public school system (LAUSD) has a multi-cultural office. We were unable to reach this office despite repeated efforts so it is not known if they provide any programs that are specific to American Indian students. However, at the time this research was being conducted, the multi-cultural office was not functioning with a full staff and so were overburdened. There are some programs that are funded by federal monies specifically for American Indian students, and most often these come from Title 9 funds. The services that are available vary according to the district. Some programs offer both cultural and academic support to hundreds of students, including tutorial programs, educational field trips, cultural enrichment programs, informational newsletters, and higher education motivation and mentoring. Other programs serve as few as twenty-five (25) students a year with a small grant that provides for a part-time academic tutor. Despite the large differences in the size and scope of these programs, there are many common problems. All programs expressed

a need for increased funding. Although the programs feel that they are using funding as effectively as possible, there are many more students who need more assistance than they can provide due to a lack of sufficient staff. Another recurring issue was the need to promote more parental involvement, including a knowledge of policies and procedures, and parental responsibilities and willingness to bring their children in for services.

Another common problem that every program had dealt with is the cultural insensitivity of teachers, staff and curriculum materials. All programs spend time and effort on addressing stereotypical curricula and insensitive teachers and staff. There was also a general feeling that being a part of LAUSD limited the programs because they must rely on school personnel to follow procedures and students to self-identify. Respondents often felt that they were limited in what they could do because of the hierarchy and bureaucracy of the school district.

There is one organization that advises the school board on issues that affect American Indian students. This office has one full-time director and one full-time staff person; all other members are volunteers. They act as a resource for Indian and non-Indian teachers in the district and handles grievances of staff or parents against the district. They represent the interests of the over 1,500 American Indian students enrolled in LAUSD. This office also expressed a desire for more parental involvement and community outreach. They are concerned that there are students who could benefit from their services and resources but who do not know of the services available to them.

There are also Indian organizations that address the educational needs of American Indian children in LA County. The Education Component of the Southern California Indian Center provides both academic and cultural services. They provide tutorial services, higher education/career guidance, advocacy for in-school children and their parents, parental development workshops, a resource library, educational/cultural enrichment, college visitations, and dance workshops. Staff members are also involved in the community and sit on commissions and task forces concerning American Indian education and welfare. This office responds to the community need for academic as well as cultural guidance. United American Indian Involvement also provides preventative and cultural support for American Indian children. They run a drug/alcohol prevention program, youth leadership program, and a youth summer camp.

One program that is currently providing services to American Indian students is the result of a partnership between the Southern California Indian Center and LAUSD. Central High School is a continuation high school for American Indian students. This institution provides the opportunity for approximately forty (40) American Indian students to earn their high school diplomas. The respondent expressed a desire to expand the program because there are a great many American Indian students who need this second chance. One of their students was on skid row when he entered the program. He now has an Associate of Arts degree and is making a good living. This

program provides a valuable service in an efficient way, but it is a "last ditch" effort. The respondent feels that mainstream/traditional schools need to establish programs that address the problems facing American Indian students. Students need support before they get to a crisis point and drop out.

There was great consistency among the respondents concerning the problems in the educational system in regard to American Indian children. Both academic and cultural problems face students. There is a need for more funding for tutors and other academic assistance, especially from district sources. Offices that provide these services were universally underfunded and understaffed to adequately meet the needs of the students. Respondents also universally cited difficulties with cultural sensitivity among teachers and administration. One respondent commented,"What we do is lovely and beautiful but we wouldn't have to do what we do (remedial education) if everybody did their jobs well." Low parental involvement was also cited as a difficulty.

Despite these many problems, education is seen as very important by the American Indian community and service providers. It is one of the few non-emergency services offered to and by the American Indian community. It is seen as a hope for the future, both for individuals and the American Indian community. It is seen as a long-term solution to social problems. There is not only an emphasis on academic education but cultural support as well. This emphasis on cultural education is seen to have two effects. First, it is felt that students who have strong cultural identity and support will feel less isolated. Alleviating isolation is believed to help prevent students from dropping out of school, engaging in high-risk behaviors such as drug/alcohol use, and desiring gang affiliation. One respondent said, "Students may drop out ...because they feel isolated." Another replied, "Geographic dispersion causes alienation of American Indian children because they do not know other Indian children; this lack of belonging can lead (them) to join gangs." Cultural programs may increase student pride and decrease isolation. Cultural education is believed to be an important supplement to the academic education American Indians receive. This sentiment was expressed by an interviewee who stated, "There needs to be much stronger gang diversion policies and approaches. The at-risk students tend not to go to school and participate in other anti-social behaviors. Intervention at school is not enough." Cultural programs are seen as an effective intervention: "All programs for at-risk children should be culturally oriented."

Cultural education is also perceived to have the effect of helping students achieve an education without assimilating into the dominant culture. Through cultural education, American Indian students can gain the benefits of a Western education without losing their identity as Indian people. Many respondents expressed the need for Indian students to go into higher education but to retain their cultural identity: "We need to push for students to achieve higher education (but at the same time) there needs to be more teaching of culture." These cultural programs are seen as helping students to live in both Indian and non-Indian worlds: "There are not enough transition groups that assist students in learning where they fit in the school system both culturally and

academically."

Educational services is one area in which services overlap. Some of these programs do work together or at least communicate with each other, but this is an area that could benefit tremendously from increased communication and cooperation.

Indian Child Welfare

Indian child welfare issues came up so often in the interviews that the child welfare system as applied to American Indian children will receive some discussion.

When a charge is made about abuse or neglect of a child, the Department of Child and Family Services sends a social worker to investigate. If the family self-declares that they are American Indian, the case is forwarded to the American Indian Unit, a division of the Department with social workers specially trained in the procedures of ICWA. If allegations are proven true they provide services, through contract agencies, to ameliorate the situation. If the child is in imminent danger he/she is placed in a foster home, and services are provided by contract agencies in an attempt to reunify the family. Indian Child and Family Services, a component of the Southern California Indian Center, provides most of the contract services for American Indian families. They provide parenting classes, professional counseling, court advocacy, family preservation and reunification services, and they license and monitor Indian foster homes. These services can be mandated by the Department of Child and Family Services, or the Juvenile Court, or families can come in voluntarily. If a case goes to court it is primarily transferred to one judge with an understanding of ICWA. The family must self-declare American Indian heritage to be considered as an ICWA case. The tribe is notified and may choose to intervene at this time. American Indian cases are generally treated the same as other cases in the county court system, except (1) the tribe is notified and (2) the burden of proof is different. To take an American Indian child away from the biological parents, abuse must be proved beyond a reasonable doubt, whereas in general cases the burden of proof is a preponderance of the evidence. If the parents do not receive services or if the situation does not improve, the cases move to the Adoptions Department, and the children are placed in an adoptive home.

Respondents from agencies, Indian organizations, and the community all pointed to problems within the system for American Indian children. Agency representatives saw problems with the small number of preventative services such as parenting classes, drug/alcohol abuse programs, and personal counseling. Families should get the help they need before they end up in court. At that time it may be too late for the family, and damage may have already been done to the children. This recommendation was supported by respondents in all categories.

Another general concern is over the small number of qualified Indian social workers. One agency representative said, " We need more American Indian service providers

working with the community, and there are currently not enough American Indians with the training to provide these services. We would like to have an ongoing student intern program with students who are working toward their MSW or American Indian students who have expressed an interest in working in this area of study." A community member was more critical of unqualified personnel: "The Department of Child Services and the county have tried to pacify the LA Indian community by hiring unqualified personnel who domineer the Indian community to bring in their children....They don't want to rock the boat and don't advocate against the system when it doesn't work right. The Indians hired into the system end up protecting the system. They need qualified Indian people. More qualified social workers and service providers, with education, training, and degrees."

There was also a great deal of criticism from the community about how Indians are dealt with in the system. There is a general perception that the county agencies are culturally insensitive. "The (agency name deleted) were very hard on some of our clients. It's more than just a lack of cultural sensitivity. They were very judgmental and mean. There are some people in the agency who are sensitive but mostly I've heard bad things." Another interviewee replied, "Cultural sensitivity is an ongoing process. The work is never done, the workers change and they have to be trained on an ongoing basis. "

The early identification of Indian children was deemed a crucial but difficult area of importance by all three levels of interviews. The lack of early identification was attributed to a number of problems. One agency representative stated, "Earlier identification of Indian children is important so that they can be transferred to the (American Indian) Unit. We ask workers to ask parents up front. If they are, then they call the American Indian Unit. Most workers ask the question but we encounter families in crisis and I don't think they always tell the truth. Also, families might not be together and we might not ask the second parent. ICWA is complex and not all social workers understand it." Another agency representative said, "I'm sure there are cases that fall through the cracks because services providers don't ask or don't know there are special services (and) laws applied to Indian children."

Another, more critical respondent had this to say about the system: "The court has done everything to keep jurisdiction of Indian children in LA County. They force tribes to bring motions in LA courts. Tribes may not have the funds or legal help to help them with the court down here. The County tries to circumvent ICWA... A system (is needed) that follows what is prescribed in the law (ICWA) and by court decision . They do not [follow the law] because it is more expedient for the county and court system. They find ICWA too burdensome to follow and they don't know about it. Don't know, don't want to know, don't care. They don't understand American Indians' special status."

This more critical sentiment was echoed by many Indian organizations and community members. " The city/county is unaware of the legal nature of the relationship with Indian children. The special legal status is ignored. There is a greater responsibility

to Indians." However, the Indian community needs to take some responsibility upon itself when it comes to identification. "Indian people need to say that they are Indian, self-identify early, tell kids and relatives when you are going for services that you are American Indian."

The identification issue refers to both misidentification of Indian children and the question as to who qualifies as an Indian child. The court system uses membership in a federally recognized tribe as the criterion. This may be problematic for urban Indian children who may not be enrolled in their tribe or for members of non-federally recognized tribes. Lack of early identification is seen by many as the root cause of problems with ICWA. One social worker gave the following example: "The mom says she's not of Indian descent. She's not getting her act together. The children are placed in an adoptive home and then we find out they have an Indian father. That's where most of the problems stem from."

Finally, another urgent problem with ICWA is the lack of Indian foster homes. According to ICWA, Indian children are to be placed in Indian foster homes. Unfortunately there are fewer than 10 licensed Indian foster homes in LA county to serve hundreds of Indian children in need. Interviewees offered two possible solutions. One is to send children to their tribes instead of placing them in non-Indian homes. Another solution is more involvement from the Indian community to become foster parents.

Indian child welfare is a primary concern of the LA service providers and the American Indian community members. Although there is disagreement over the nature or causes of problems, there is consensus about what the problems and possible solutions are. Most importantly, service providers, the courts, and the county must obey ICWA. They must recognize the special legal status of Indian children and respond in legally and culturally appropriate ways. Whether this circumvention of the law is done out of ignorance, oversight or malice, it must be addressed by the county. There is a need to increase the number of qualified American Indian social workers and foster families. Both the county and the Indian community must take responsibility in addressing this problem. This may also alleviate the problems of cultural insensitivity found in some county agencies. Finally, service providers, judges, and Indian community members must be more diligent in their efforts to identify Indian children. Social workers must be trained and retrained in ICWA, or at least make it their policy to ask every family under investigation if either parent is of Indian descent.

Survey Conclusions

It became apparent throughout the course of our research that the majority of services to the population of American Indian children in Los Angeles County were being supplied by the Indian organizations. Because of a lack of cultural sensitivity and of understanding regarding American Indians, both community members and Indian organizations noted a preference for receiving services at Indian organizations. The

competition between organizations for funding, and underfunding and understaffing, make it impossible for the various organizations to meet the needs of the entire population. Suggested solutions include

1. To mitigate the problem of Indian organizations being placed in direct competition with each other for financial resources, the system through which organizations are funded needs to be modified, perhaps to create a ninth (9th) district in the county for a more equal distribution of funds.

2. The county needs to make more funds available for services for American Indian children.

3. To relieve the problem of duplication of services, to increase efficiency and effectiveness of both Indian organizations and agencies, more networking and cooperation between Indian organizations and between Indian organizations and agencies is required. This may also serve to improve the ability of agency personnel to deal appropriately with American Indian clients.

4. On the issue of cultural sensitivity, training is needed so that agency personnel can deliver services to American Indian clients in a culturally appropriate manner, thus making American Indians more likely to seek services at non-Indian agencies. An increase of qualified American Indian judges, social workers, and other agency personnel would also serve to improve cultural sensitivity in non-Indian offices.

5. With regard to stereotypical images and perceptions of American Indians by the agencies and the general public, there must also be an attempt to eliminate the stereotypical images of American Indians perpetuated by both the popular media and the school curriculum, including the removal of all Indian sports mascots in Los Angeles Unified School District.

6. Due to the unique legal status of American Indian children, agencies must improve the methods for identifying ethnicity. Improved identification of children as American Indian will ensure that programs and legislation designed to improve Indian child welfare will be properly implemented and children will receive the appropriate services.

7. In order for ICWA to be properly implemented, along with improvement of identification there must be more involvement from the American Indian community to become licensed foster parents in the county.

8. To improve the availability of education services (both academic and cultural) to American Indian children in Los Angeles County, there is a need for more community (specifically parental) involvement in these areas.

9. The loss of the American Indian clinic created a vacuum for American Indian

health services that is currently unfilled. The most desirable solutions are for other American Indian services to fill this need within the context of their existing services or for a new American Indian health provider to be established for American Indians.

10. To provide American Indian children with a forum to learn about their heritage, interact with other urban American Indian children, and develop self-pride and confidence, more cultural programs such as dance workshops, storytelling, and arts and crafts need to be provided to supplement the academic curriculum.

11. In addition to cultural activities, other preventative measures should be created to divert American Indian children from gang activities and other anti-social behaviors. These preventative activities could include, but are not limited to, after-school programs, recreational activities, and organized sports.

11. So that all members of the American Indian community can become aware of the services that are available to them, improved methods of outreach must be developed. Utilization of the print and visual media, newsletters, and improved dissemination of information in the American Indian community may help to reach more potential clients than do current methods.

12. The problem of transportation for clients to the locations at which services are provided could be addressed by providing a van pool or shuttle service on a regular basis.

Many of the above-mentioned problems can be alleviated by centralizing services either through a centralized location (with either satellite locations or available transportation) or a networking together of existing organizations.

Toward A Holistic Solution to Indian Children's Issues in Los Angeles County

The LA Indian community suffers from a variety of funding, staffing, economic, education, health, and service delivery problems. The current arrangement of county and Indian organizations does not adequately serve the needs of the LA Indian community. The fragmentation of services, lack of cultural, social, and legal understanding by non-Indian service providers and agencies, the chronic underfunding and understaffing of services for Indian people, the lack of coordination and communication, and the current competition between Indian and county agency service providers create a chaotic maze of specialized and hard to reach services available to the Indian community. Indian community members are reluctant and often unable to take advantage of county and city services. Lack of money, lack of information, lack of cultural awareness and understanding, transportation difficulties, and discrimination discourage Indian participation in county agencies. More Indian personnel in administrative and service delivery positions would help encourage Indians to avail themselves of county services, but will not provide a coordinated or

holistic service delivery solution to the Indian community.

Most needy Indian community members prefer to obtain services from Indian organizations. Nevertheless, Indian organizations are few, understaffed, overworked, and underfunded, and they must compete for funds with other Indian organizations and county agencies within an environment of declining federal, state, and county social services. The Indian service organizations are not well coordinated, services are not comprehensive, and current services are over-extended.

The current system of service delivery to the LA Indian community and to LA Indian children needs reorganization and rethinking. Indian children and adults are not doing well in the current arrangement. Child care, education (K-college) and health are especially critical needs among Indian children in LA County. The division of labor between Indian organizations and county agencies needs greater coordination, communication, cooperation, and mutual cultural and organizational understanding. Nevertheless, given the specialized and fragmented services delivered by the Indian organizations and agencies, many reports imply and Indian community members believe that a more holistic arrangement of services would more effectively serve the neediest portion of the LA Indian community.

Urban LA American Indian children and families must have opportunities for community interaction with other American Indians. Community and cultural activities break down the isolation of children and families by inculcating and upholding cultural values and practices, which promote self-esteem and stronger community relations with others. A centralized, comprehensive, and culturally based service delivery system for Indian families and children could have strong preventive and healing effects. Many of the problems and difficulties families and children face in LA County might be prevented or addressed when they are given regular and frequent opportunities to engage in cultural, community and social service activities such as language classes, health education, parenting education, dance instruction, school tutoring and counseling, beadworking, literacy classes, job training, substance abuse recovery and education, child care, youth recreation, business training, legal advice and advocacy, housing information, mentoring, relations with elders, counseling, and social services. A variety of urban and LA sources indicate that services for the Indian community must be delivered in a culturally appropriate manner and context. Many Indian service providers and Indian community members already have the knowledge, expertise, and experience to develop and implement culturally appropriate service delivery. Service fragmentation and the broad dispersion of the LA Indian community throughout the county inhibit access to effective services under the current state of affairs. A network of culturally comprehensive and coordinated service centers would overcome some of the problems of population dispersion and service fragmentation, and would promote a holistic solution to health and well-being among the Indian children and families of LA County. Indians from many cultures believe that culture, health and community are inextricably interrelated, and consequently a solution to the well-being of Indian families in LA County must take into account the culturally specific beliefs and modes of interaction that will promote

the interconnectedness of health, solidarity, and cultural relations. Solutions to the problems of the LA Indian community must make cultural sense to community members and must prove healthy in their own eyes.[116]

The formation of a centralized multi-service cultural center has been a long-time dream within the LA Indian community, especially since the demise of three cultural service centers in 1986. The location of one center will prove geographically difficult for many community members. Many Indian organizations and county agencies are dispersed in various locations around the county, and many are located at sites that make good sense for servicing local Indian populations. While a central location for a multi-service cultural center will create a greater sense of community identity and mutual help and sharing, the present scattered service delivery sites could be joined together into a centralized and communicating network of service delivery units. The central location and staff could help coordinate service delivery, track clients, provide transportation between service sites, provide help and aid to special cases, provide mentoring and assistance to those clients who are referred to county or private agencies, and help coordinate community information and activities. Such a network or coalition of service delivery could be connected by email, by telephone, by word of mouth at powwows, and through regular meetings, and perhaps bylaws and democratic process. Such a network or coalition dedicated to serving the needs of Indian children in LA County may not be difficult to arrange or require prohibitive funds. The organization of a central multi-service cultural center with Indian management and staff will be more expensive, but it is a key link in the process of building a viable service system for LA Indian children and their families.

[116] See for example, Ledesma, Cultural Influences, pp. 1-6; AIPRC, Task Force on Urban and Rural Non-Reservation Indians, pp. 75-76; John Red Horse, Ronald Lewis, Marvin Feit, and James Decker, "Family Behavior of Urban American Indians," Social Casework (February 1978): 71-72; Solis, "American Indian Feasibility Study: Final Report," pp. 3-8; Farrokhi, "Rapid City Native American Needs Assessment," pp.170-71.